STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911702	10/14/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gena's Retirement Home, Inc.	2233 Nw 56th Avenue Lauderhill, FL 33313	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility standard biennial licensure survey was conducted on . Gena Retirement Home, had licensure deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure resident records contain documentation of a completed medical examination recorded on a Resident Health Assessment form (AHCA form 1823) with all required components within the required timeframe, for 1 of 2 sampled residents (Resident #1).

The findings include:

Record review revealed Resident #1 was admitted to the facility on with a diagnosis to include and a due to Motor Vehicle Accident (MVA). The AHCA form 1823 dated pg 2 (section C) does not identify if the resident's needs can be met in an ALF. Further review of the form revealed, pg 4 does not include the physicians license # and whether the resident needs assistance with medications. Further review of the form failed to indicate the resident's care needs regarding care.

Class III

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0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record reviews and interviews, the facility failed to ensure that personnel records contained documentation of freedom from communicable including , for 1 out of 6 staff members (Employee #6).

The findings include:

During record review on of the personnel files it was noted that Employee #6, who works as direct care staff, did not have the required documentation.

During an interview with Employee #4, (staff member in charge) she reviewed the records and acknowledged the findings

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on observation and interview, the facility failed to ensure documentation of a written work schedule reflecting 24 hour weekly staff coverage meets the assisted living facility minimum staffing ratios for a census of 31.

The findings include:

A request on was made to the Caregiver for the facility's staff schedule. The schedule dated was provided and reviewed with the Caregiver. Review of the schedule revealed 3 employees were scheduled to work at 8 AM. Upon arrival to the facility at 8:30 AM only two staff members were present upon arrival.

An interview on at 8:30 AM with Employee #1, revealed she was still onsite from the over night shift and had worked alone until 8:00 AM when Employee #4 had arrived for her shift at 8 AM. An interview at 9:10 AM with Employee #1 & #4, it was stated by both that they could use a little more help and Employee #1 usually works the overnight shift by herself . During a telephone interview at 9:20 AM with Employee #3 who is scheduled to work 8 PM-8 AM Sun,Mon, Tues Fri and Sat, she stated she works the 8 PM-8 AM shift Mon-Thurs off Fri-Sun and most of the time she is by herself.

The facility schedule did not accurately reflect the hours employees worked and the required 24 hour

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coverage that meets the assisted living facility minimum staffing ratios for a census of 31. The Administrator was not available during the survey.

Class III

0083-Training - First Aid and . 58A-5.0191(4) FAC
Based on record review an interview, the facility failed to provide valid documentation of the required first aide training, for 5 of 6 sampled employees (Employee #1,#2, #3, #4 & #6)

The findings include:

A review of sampled employee (Employee #1-#6) files was conducted on . A review of the files revealed all sampled employees provide direct care to the residents. Further record review revealed all sampled employee files lacked documentation of First Aide training. During an interview with Employee #4, who was left in charge, she reviewed the records and acknowledged the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Gena's Retirement Home, Inc.
2233 NW 56th Avenue
Lauderhill, FL 33313

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative from this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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