STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932390	12/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Farmer's Retirement Home	2135 40th Avenue N. Saint Petersburg, FL 33714	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= G
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013012834, was conducted from through

The Farmer's Retirement Home, assisted living facility, had deficiencies at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, interview and record review, the assisted living facility failed to honor resident rights to be free from (resident #1) . The facility also failed to maintain an decent environment free from bed bug infestation

Findings include:

On at 10:35 am, a tour of the facility was completed. The surveyor observed a full plastic bed rail attached to the bed in the resident #1. The rail was observed secured to the bed between the box spring and mattress. The rail was observed to be loose and frail and appeared to be a potential threat to the resident safety.

On at 10:35 am, an interview was completed with resident #1. She stated, " the facility administrator put the rail on because I out of bed sometimes " .

On a record review was conducted on resident #1 file. There was no evidence in the resident ' s chart that resident #1 was on hospice and the bed rail was ordered by a physician.

On at 9:30 am, an interview was conducted with the facility administrator. The administrator stated he became aware of the bedbugs in 2013 after a former resident informed him that there were bedbugs in the resident ' s The administrator stated he consulted a pest control company who informed him if the facility was not treated there " was a good chance that the bugs would spread out. " The administrator stated after the pest control company gave an estimate of the total cost to eradicate the bed bugs, " there was no way that they could afford it, so I did it myself " . The administrator stated he went to a local pest control supply store in 2013 and purchased Zenprox , a professional strength pesticide used to treat bed bugs, and began to self-treat the bed bugs.

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On at 10:00 am, an interview was conducted with Employee A. Employee A stated she observed bed bugs on the bed in at the assisted living facility last month.

On at 10:15 am, in interview was conducted with Employee B. Employee B stated she observed bed bugs in when " the bug guys came out and showed them to me ". Stated, " I actually saw them in the corners and the on the floor. "

On at 11:03 am, during a tour of the assisted living facility, the surveyor observed small dark colored bugs moving across a plastic covered mattress and along the baseboards of that resembled bed bugs.

On at 11:03 am, an inspector from the Department of Health arrived and began a tour of the facility. The Department of Health inspector confirmed that there were live bed bugs in of the facility.

On at 3:42 pm, an interview was conducted with a local pest control company. The representative stated an estimate to eradicate the bed bugs from Farmer ' s Retirement Home was completed on The representative stated the treatment recommendations were a " complete structure fumigation with tenting " to eradicate the bed bugs. The representative stated after a total estimated cost for extermination was given to the assisted living facility, the facility informed the pest control company that the facility was going to use another company to exterminate the building.

On a review of inspection reports from the county health department dated and revealed unsatisfactory inspections conducted at the facility related to an active bed bugs infestation in of the assisted living facility. The Department of Health inspector recommended professional pest control services after observing continued activity of live bed bugs during the re-inspection.

Class II

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on interview and record review, the assisted living facility failed to ensure that 3 of 3 sampled employees (Employee A, B, and C) submitted an initial statement from a health care provider that the employee is free from communicable within 30 days of employment and annual documentation that the employee is free from

Findings include:

On a record review of employee A, B and C ' s employee files was conducted. Employee A date of hire was Employee B date of hire was Employee C date of hire was Employee A and B had communicable and clearance statements dated No current annual statement was located in the file of employee A or employee B.

No evidence of a communicable statement or freedom from was observed in employee C '

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s file.

On at 2:53 pm, an interview was conducted with employee A. Employee A stated, " it ' s been over a year " since her last screening and she has not had a screening since.

On at 2:54 pm, an interview was conducted with employee B. Employee B stated she only had a screening once, " a year or so ago " . States she does not have a current statement that she is free from .

On at 4:04 pm, an interview was conducted with the facility administrator, he stated " we know we need them " and stated " we had everyone go and do it last year. "

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on observation, interview and record review, the assisted living facility failed to ensure that 3 of 3 sampled staff (Employee A, B and C) held a current and valid first aid and card while on each shift while working in the facility.

Findings include:

On at 9:35 am, the surveyor observed employee A and B working at the facility on the 7:00 am - 3:00 pm shift and

On the surveyor reviewed the facility staffing scheduled that showed employee C working alone on the 3:00 pm - 11:00 pm shift. On that same date, a record review was completed on employee A and employee B employee file was completed. The review of employee A and employee B first aid and card revealed that both cards were expired on A review of employee C employee file was completed and revealed that employee C did not have a certification that training completed.

On at 2:53 pm, an interview was conducted with employee A. Employee A stated, " I knew it was about time for all that, I was supposed to set that up with the pharmacy " .

On at 2:54 pm, an interview was conducted with employee B. Employee B admitted to the findings stating " I knew it was expired. "

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on interview and record review, the assisted living facility failed to ensure that a level II background

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screening was completed for 1 of 3 sampled employees (Employee C).

Findings include:

On [redacted] a review of Employee C employee file was conducted. Employee C was hired in [redacted]. No evidence of a eligible background screen was available in employee C file at time of review.

On [redacted] a search of the department's background screening website was conducted for employee C. Employee C last screening date was completed on [redacted] with a "new screening required" result.

On [redacted] at 4:00 p.m., an interview was completed with the facility administrator. The administrator stated he was unaware that a new background screen was required for employee C.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Farmer's Retirement Home
2135 40th Avenue N.
Saint Petersburg, FL 33714

Dear Administrator:

Re: **CCR# 2013012834**

This letter reports the findings of a complaint survey that was conducted on 11-16, 2013, by a representative of 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 days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review 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 surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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