STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932390	01/17/2014
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)		

Revisit Repeat Tags:

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

Specific Tag Findings:

0000-Initial Comments

A revisit was conducted on to a complaint survey, CCR# 201301283.

The Farmer's Retirement Home, assisted living facility, had uncorrected 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 maintain a decent environment free from bed bug infestation

Findings include:

On at 10:00 AM, a tour of the assisted living facility was conducted with a Department of Health (DOH) inspector. The surveyor and DOH inspector observed two small black bugs crawling on the wall and on the closet floor of A photograph was obtained of bed bugs.

On at 10:00 AM, the DOH Inspector confirmed live bed bug activity remained in of the assisted living facility. The DOH Inspector stated the health inspection was unsatisfactory and that the facility's method of treatment is not working and a licensed pest control company is required to eradicate the bed bugs.

On at 11:45 AM, an interview was conducted with the facility administrator. The administrator stated that he "does not plan on hiring a pest control company because I can't afford it." The administrator stated he continues to self-treat with "the same chemical" that he used before.

Uncorrected 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:

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

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

No evidence of a freedom from communicable [redacted] statement or freedom from [redacted] was observed in employee C's file.

On [redacted] at 9:15 AM an interview was conducted with Employee B. Employee B stated she has not obtained her annual freedom from [redacted] statement from a licensed provider.

On [redacted] at 9:30 AM, an interview was conducted with the assisted living facility administrator. The administrator stated employees A and B have not received an annual statement from a licensed provider that employees A and B were free from [redacted].

Uncorrected Class III

0083-Training - First Aid and [redacted] 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 [redacted] training verification while working alone on each shift in the facility.

Findings include:

On [redacted] at 9:10 AM, Employee B was observed working at the facility alone on the 7:00 am - 3:00 PM shift.

On [redacted] at 9:15 AM, an interview was completed with employee B. Employee B stated that neither she nor employee A had obtained an update [redacted] and first aid training.

On [redacted] 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 files. The review of employee A and employee B first aid and [redacted] trainings revealed that both [redacted] training cards were expired on [redacted]. A review of employee C ' s employee file was completed and revealed that employee C did not have a certification that [redacted] training was ever completed.

On [redacted] at 9:30 AM, an interview was completed with the assisted living facility administrator. The administrator stated that the first aid and [redacted] training have not been completed as of the date of the revisit survey.

Uncorrected Class III

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	AL11932390	**01/17/2014**
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Farmer's Retirement Home	**2135 40th Avenue N. Saint Petersburg, FL 33714**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Findings include:

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

On [redacted] a search of the Agency for Health Care Administration ' s background screening website was conducted for employee C. Employee C's last screening date was noted on [redacted] with a "new screening required" result issued from the background screening unit.

On [redacted] at 11:45 am, an interview was completed with the assisted living facility administrator. The administrator stated the he did not do a background screen on employee C because employee C works at another facility and he knows that employee C had the background screening done but he could not produce any evidence to support his statement.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

Dear Administrator:

This letter reports the findings of a state licensure revisit survey that was conducted on 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the uncorrected 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
For Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Sunshine Behavioral Health Services, Inc. dba
Farmer's Retirement Home
Attention: Michael T. Grady, Administrator
2135 40th Avenue N
St. Petersburg, FL 33714

Dear Mr. Grady:

This letter addresses findings of a follow-up survey to a complaint survey, CCR# 2013012834, conducted on , 2014 by a representative of the Agency for Health Care Administration. The visit confirmed continued recent unsatisfactory inspections from the county health department, indicating your facility has an ongoing bed bug infestation, as well as other areas of non-compliance. You are directed to immediately comply with the tangible steps outlined below.

The survey resulted in findings of continued noncompliance with the following area on 2014:

1) A 30: Your facility failed to maintain a safe and decent environment, free of bed bug infestation.

2) Z 815: Your facility failed to conduct Level II background screens on all staff to make sure they were free of disqualifying criminal offenses prior to having contact with residents.

3) A 78: Your facility failed to maintain documentation that all staff were free of communicable , including upon hire and free of annually thereafter prior to having contact with residents.

4) Your facility failed to ensure that one staff with proof of current training in First Aid and was on duty at the facility at all times.

Your facility must immediately comply with the following:

1) Per the Department of Health, contract with a licensed pest control company WITHIN 48 HOURS FROM THE DATE OF THIS LETTER and arrange for treatment to fully eradicate the bed bug infestation. You are to follow all recommendations of the licensed pest control company, including preparing for treatment, relocating residents as necessary and eliminating clutter and excessive debris in .

2) Residents must be relocated from all areas that are being treated during the treatment process.

3) Prior to and during treatment, no residents shall reside in infested with bed bugs.

4) All resident bedding and clothing shall be laundered at high heat using a commercial-strength washer and dryer to help with the eradication of bed bugs.

5) Once treatment is completed, you are required to have inspections by the Department of Health and AHCA. You must maintain documentation of satisfactory inspections for review.

6) Your facility shall develop and implement a policy and procedure to prevent future infestation of bed bugs that includes, at a minimum, the following:

   During intake interviews, ask questions regarding unexplained bite marks and ask about infestation at prior residences, including ALFs.
   Prevent access to resident areas prior to the intake interview and inspection of clothing and belongings.
   Thoroughly inspect the resident's belongings for signs of infestation during the intake or upon resident return from any temporary absences from the facility.
   Launder patient clothing and belongings using high heat for drying if there are concerns about infestation.
   Discuss bed bug prevention with any health care providers coming into the facility and consider inspecting any medical equipment brought in.
   If the facility is concerned about an infestation, immediately prevent access to the affected , seal clothing and bedding in plastic until laundered and dried on high heat and inspect common areas frequented by the resident.
   All facility staff must be trained on the policy/procedures and documentation of the training must be available upon request.

7) All employees of the facility who have contact with residents, resident property or resident funds must be fingerprinted and complete a Level II background screen and be deemed eligible prior to contact with residents. Absolutely no employees can work with residents prior to completing a Level II background screen. Scheduling individuals who do not have documentation of completed Level II background screens must cease immediately. The facility must maintain documentation of the completed Level II background screens in the employee files at the facility.

8) All employees who have been employed 30 days or more must have documentation from a health care provider indicating that they are free of symptoms of communicable including . The documentation of freedom from must be updated each year. The documentation of freedom from communicable and freedom from must be maintained in the employee files at the facility. Any employees that do not have the freedom from communicable documented within 30 days of starting employment and any employees that do not have updated statements indicating they are free of must not be scheduled to work in the facility.

9) The facility must schedule a staff person who has completed training in First Aid and and holds a current valid card documenting completion of the training courses for each shift in the facility. The facility schedule must reflect this and this shall be implemented

immediately. The facility must maintain documentation of the completed training in the employee files at the facility.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact **Paul Brown**, ALF Supervisor, at 727-552-2000 or **Catherine Anne Avery**, at 850-412-4505.

Sincerely,

Patricia Reid Caufman
Field Office Manager

for

Accepted by: _____

Printed Name: MICHAEL GRADY

Title: ADMINISTRATOR

Dated: 1/29/14

PRC/pb