STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932390	02/19/2014
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 Corrected Tags:

0030-Resident Care - Rights & Facility Procedures
0083-Training - First Aid And

Revisit Repeat Tags:

0078-Staffing Standards - Staff-58a-5.019(2) Fac
Z815-Background Screening; Prohibited Offenses-408.809, 435.02(2), 435.06

Revisit New Tags:

0152-Physical Plant - Safe Living Environ/other-58a-5.023(3) Fac

Specific Tag Findings:

0000-Initial Comments

A revisit to complaint survey, CCR# 201301283, was conducted on , with Medicaid Program Integrity (MPI).

Farmer's Retirement Home, assisted living facility, had uncorrected deficiencies and a new deficiency at the time of the visit.

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

Based on interview and record review completed by Medicaid Program Integrity, the assisted living facility failed to ensure 4 of 9 sampled employees (Employee A, B, C, E) submitted an initial statement from a health care provider that the employee is free from communicable within 30 days of employment. The assisted living facility also failed to ensure 2 of 9 sampled employees (Employee C and D obtained annual documentation that the employee is free from

Findings include:

A record review of Employees A, B, C, D and E personnel files revealed: Employee A ' s hire date was Employee B ' s hire date was Employee C ' s hire date was Employee D ' s hire date was and Employee E ' s hire date was No evidence was located in Employee ' s A, B, C or E ' s file verifying freedom from communicable

No evidence was located in Employee ' s C and D ' s personnel file verifying freedom form

On at 12:30 PM, an interview was conducted with the assisted living facility administrator. The administrator stated a Registered Nurse Practitioner administered test to the staff and did not complete an examination of the staff. The administrator stated the staff did not bring the forms back and he did not have any freedom from communicable statements for the staff.

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Uncorrected Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview and inspection report received by St. Petersburg Fire Department, the assisted living facility failed to provide a safe living environment for 17 of 17 residents residing in the facility. The facility failed to ensure fire prevention and protection systems were maintained in good working order.

Findings Include:

During a tour of the assisted living facility completed on _____ at 9:30AM all fire extinguishers were observed to have 2011 date stamps. Smoke detectors were observed either missing or dangling from the ceiling by wires in 3 of 14 _____.

On _____ at 11:45 AM, an interview was completed with the county fire inspector who stated the assisted living facility has not had a fire inspection in 2-3 years. The inspector stated the facility has many violations pertaining to the expired fire extinguishers, exit signs above exits and emergency lights.

A review of the fire inspection report dated _____ revealed violations pursuant to emergency lighting testing, exit signs and fire protection systems. The assisted living facility is directed to; " repair all non-functioning emergency lights, repair or replace non-working exit signs and maintain all fire extinguishers inspected not less than annually to include all smoke alarms throughout facility. "

Class III

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

Based on interview and record review completed with Medicaid Program Integrity, the assisted living facility failed to ensure the required Level II background screening was completed or clearance from the agency was received for 5 of 9 (employees A, B, E, F and G) sampled employees prior to allowing the employees to provide direct care services and have access to resident personal property and living areas.

Findings Include:

A review of the employee scheduled revealed that employee A, B, E, F and G were all scheduled to work at the facility. A review of employees A, B, E, F and G personnel files revealed no evidence of an eligible background screening was conducted for each employee.

On _____ a search of the Agency for Health Care Administration ' s background screening website was conducted for employee ' s A, B, E F and G. No records were located for Employees B, E and F. Search results of " in process " were obtained for employee ' s A and G.

On at 1:55 PM the Agency for Health Care Administration Background Screening (BGS) Unit verified "

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no screenings found " status for employees B, E and F. The BGS unit also verified that Employees A and G received rejection letters through certified mail from the Agency.

On . . . . . at 12:30 PM, an interview was completed with the assisted living facility administrator. The administrator stated the he did not have any verification that eligible background screens were obtained for each sampled employee.

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 second state licensure survey revisit 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 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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161