STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968269	02/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sarah House Iii, The	1001 Old Tomoka Rd Ormond Beach, FL 32174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An unaanounced licensure survey was conducted on , 2014 at Sarah House III in Ormond Beach Florida. Deficiences were identifed

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure verification of freedom from communicable including for 1 out of 3 sampled employees (Employee #2).

The findings include:

Review of the personal file for Employee #2, hire date revealed no documentation for verification of freedom from communicable including

An interview was conducted on at 1:30pm verified that the verification of communicable including were not in the employee files.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and staff interview the facility failed to ensure new employees were provided required in-service training within 30 days of hire for 1 of 3 employees (Employee #2).

The findings include:

Record review revealed Employee #2 was hired on . There were no reporting, control, emergency preparedness and safe food handling in-service records contained in the file.

An interview was conducted with the Administrator on at 1:30pm. When asked to provide the training records for Employee #2, she stated that the employee had not yet received the trainings.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on record review and staff interview the facility failed to ensure verification of freedom from communicable including for 1 employee (#2) of 3 sampled employees and provide a job description for 2 of 3 sampled employees. (Employee #1 and #2).

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

The findings include:

Review of the personal file for Employee #1, hire date revealed there was no description found.

Review of the personal file for Employee #2, hire date revealed there was no job description found.

An interview was conducted on at 1:30pm verified that Employee #1 and #2 did not have job descriptions in their file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
The Sarah House III
1001 Old Tomoka Road
Ormond Beach, FL 32174

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 2014 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 after **2014** 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 this office at

Sincerely,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KJ/JM/sm
Enclosure

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