(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
AL11968269	04/29/2014

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)

Revisit Corrected Tags:
0078-Staffing Standards - Staff-04/29/2014
0161-Records - Staff-04/29/2014

Revisit Repeat Tags:
0000-Initial Comments-
0081-Training - Staff In-Service-58a-5.0191(2) Fac

Revisit New Tags:
0090-Training - -5.0191(11) Fac

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 - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

A follow-up to the licensure survey was conducted on 2014.
Sarah House III had Licensure deficiencies found at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and staff interview, the facility failed to ensure that staff receive the required in-service trainings of emergency procedures, reporting and safe food handling within 30 days of hire for 1 of 4 sampled employees, Employee 2. This was previously cited on 2014.

The findings include:

Review of the personnel record for Employee #2 revealed she was hired on as a resident care assistant. The 2014 staffing schedule revealed she began working on There was no documentation on in-service training of emergency procedures, reporting and safe food handling. The Director of Operations on at 10:03 a.m. confirmed this.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on personnel record review and staff interview, the facility failed to ensure that staff receive the required in-service training of within 30 days of hire for 1 of 4 sampled employees,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968269	04/29/2014
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)		

Employee 2.

The findings include:

Review of the personnel record for Employee #2 revealed she was hired on . . as a resident care assistant. The . . . 2014 staffing schedule revealed she began working on . . . . There was no documentation on in-service training of . . . The Director of Operations on . . . at 10:03 a.m. confirmed this.

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 revisit survey conducted on , 2014 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2014.

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 (904) 798-4201.

Sincerely,

Jana Meyering

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

LW/JM/sm
Enclosure

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

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054