STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967853	05/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Florry House	5111 Smith Ryals Rd Plant City, FL 33567	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

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 - 0082 - 58a-5.0191(3) Fac - Training - [redacted] S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [redacted] S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey with limited mental health (LMH) and limited nursing services (LNS) was conducted on [redacted]

The Florry House, assisted living facility, had deficiencies at the time of the visit.

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

Based on record reviews and interview, the facility failed to ensure that all staff had a statement from a health care provider that indicated that the staff member was free of communicable [redacted] within 30 days of hire for 2 (Staff A and C) of 3 staff members sampled for full employee review.

Findings include:

Review of Staff A's employee record revealed that she was hired [redacted]. The statement for freedom from communicable [redacted] was dated [redacted]; almost 10 months after she was hired.
Interview on [redacted] with the administrator at approximately 2:45pm and with Staff C at approximately 4:35pm revealed that his date of hire was in [redacted]
Review of Staff C's employee records revealed that his freedom from communicable [redacted] statement was dated [redacted]
In the interview with the administrator on [redacted] at approximately 2:30pm, the issues with the documentation was discussed.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record reviews and interviews, the facility failed to ensure that all staff had documentation of completion of the required in-service training within 30 days of hire for 3 (Staff A, B, and C) of 3 staff members sampled for full employee review.

Findings include:

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Review of Staff A's employee records revealed that her date of hire was . . . . . The 1 hour training for incident reporting was dated . . . . . The training for resident rights, safe food handling, emergency procedures, elopement response, and , neglect, and was dated . . . . . The number of training hours was not indicated on the certificate.
Review of Staff B's employee records revealed that her date of hire was . . . . . The training for incidents, resident rights, safe food handling, emergency procedures, elopement response, and neglect, and was dated . . . . . She also had training for safe food handling on . . . . The number of training hours was not indicated on the certificates.
Interview on . . . . . with the administrator at approximately 2:45pm and with Staff C at approximately 4:35pm revealed that his date of hire was . . . .
Review of Staff C's employee records revealed that he had completed training for . . . borne . . . on . . . . . This training should have been completed before he started work with the residents, plus there were no training hours indicated on the certificate. The training for activities of daily living, incidents, resident rights, safe food handling, emergency procedures, elopement response, and , neglect, and was dated . . . . . He also had training for safe food handling on . . . . . The number of training hours was not indicated on the certificates.
In the interview with the administrator on . . . . at approximately 2:30am, she was made aware of the concerns with the employees' training records. She was unaware of the need for the training hours on the certificate, but stated that it was at least one hour of training for each course on the certificates. She provided the surveyor with a copy of Staff D's (not on current . . . . . staff schedule) training certificate that had been provided by the same company that trained Staff C. Staff D's certificate indicated the correct number of training hours required for each training topic completed.

Class III

0082-Training - . . . . . 58A-5.0191(3) FAC

Based on record reviews and interview, the facility failed to ensure that all staff completed a one time training for within 30 days of hire for 2 (Staff A and C) of 3 staff members sampled for full employee review.

Findings include:

Review of Staff A's employee records revealed that her date of hire was . . . . . The . . . training in her record was dated . . . . .
Interview with the administrator on at approximately 2:45pm revealed that she believed Staff C's date of hire was . . . .
Review of Staff C's employee records revealed that the . . . training was dated .
In the interview with the administrator on . . . . . at approximately 2:30pm, she was made aware of the concerns with employee training.

Class III

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0090-Training - 58A-5.0191(11) FAC

Based on record reviews and interview, the facility failed to ensure that all staff had completed a 1 hour training for within 30 days of hire for 2 (Staff A and B) of 3 staff members sampled for full employee review.

Findings include:

Review of Staff A's employee records revealed that her date of hire was Her training (1 hour) was dated She had also completed advance directives training on There were no training hours on the certificate.
Review of Staff B's employee records revealed that her date of hire was The advance directives training was dated but there were no training hours listed on the certificate.
In the interview with the administrator on at approximately 2:30pm, she was made aware of the concerns with employee training. She was unaware of the need for the number of training hours on the certificate, but indicated that the training was at least 1 hour.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record reviews and interview, the facility failed to file an adverse incident report with the agency within 1 business day for 2 (Resident #5 and #6) of 3 residents sampled for record review.

Findings include:

Review of Resident #5's resident notes dated revealed that law enforcement was called after Resident #5 pushed her Resident #6 and she came out of the the hallway on the floor. There was no apparent injury. Law enforcement officer would not her because it was just a push. On Resident #5 had pushed Resident #6 to the floor again, but there were no witnesses. A staff member did witness Resident #5 hold Resident #6's hand and hit her once. Law enforcement was called again and she was still not because the push was not witnessed.
Review of Resident #6's incident report dated revealed that the resident had been seen on the floor by a staff member and then the staff member saw Resident #5 hit her on the hand. The altercation was prompted by Resident #6 plundering in Resident #5's things. Resident #6 was taken to the hospital emergency (ER) by paramedics. Facility staff was told by ER staff that the resident had no major injuries.
Interview with the administrator on at 4:15pm revealed that she was not aware that an adverse incident needed to be done because Resident #6 was not injured.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Florry House
5111 Smith Ryals Rd
Plant City, FL 33567

Dear Administrator:

This letter reports the findings of an abbreviated biennial state licensure survey with limited mental health (LMH) and limited nursing services (LNS) 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,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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