| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910802 | 07/17/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Sunset Villa Retirement Home** | **2308 Americus Dr. Clearwater, FL 33763** | |
| 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 - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

**Specific Tag Findings:**

0000-Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2014004592, was conducted on .

The Sunset Villa Retirement Home, assisted living facility, had deficiencies at the time of the visit.

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

Based on record review and interview, the facility failed to ensure that newly hired staff submitted a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including . The facility also failed to ensure annual documentation of freedom from . Failure to ensure that all staff are free from communicable (s) including places residents, employees, and facility visitors at risk of adverse medical consequences.

Findings include:

Per Surveyor review of employee records on beginning at approximately 9:30am, 1 of 4 facility staff (Staff D) had no employee record--no evidence of testing and no statement from a health care provider of freedom from communicable . Per interview with the Administrator on at approximately 10:00am, the facility did not construct an employee file for Staff D. The facility Administrator and co-Administrator stated that five residents were left under the sole care of Staff D during the evening hours of 4/11/14.

Three of three employee records reviewed on contained no evidence of annual testing: Staff B's last testing was performed on -there was no evidence of annual testing performed by ; Staff C's last testing was performed on -there was no evidence of annual testing performed by . Staff A stated that his annual testing will be done next week, stated that he had testing & demonstrated needle prick-- Staff A's employee record contained a statement of freedom from communicable only; there was no evidence of testing having been completed at that time.

One of three employee records reviewed on contained no statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including . Staff C was hired as relief staff on --Staff C's employee record contained testing negative on ; record contained no statement of freedom

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from communicable .

Class III

**0079-Staffing Standards - Levels 58A-5.019(3) FAC**

Based on record review and interview, the facility failed to ensure that a staff member who has completed courses in First Aid and ( ) and holds a currently valid card documenting completion of such courses is in the facility at all times. Failure to ensure that a qualified staff member is in the facility at all times places residents at risk of improper response to emergencies and adverse medical consequences.

Findings include:

Per Surveyor review of employee records on beginning at approximately 9:30am, 1 of 4 facility staff (Staff D) had no employee record and no evidence of completion of courses in First Aid and ( ).

Per interview with the Administrator on at approximately 10:00am, the facility did not construct an employee file for Staff D, no background screening was conducted, and there was no indication of Staff D's qualifications to serve as relief staff. The facility Administrator and co-Administrator confirmed that five residents were left under the sole care of Staff D during the evening hours of / ; no other staff was present in the facility. There was no indication that Staff D had required training in First Aid and ( ).

Class III

**0161-Records - Staff 58A-5.024(2) FAC**

Based on record review and interview, the facility failed to maintain personnel records for each staff member that contain, at a minimum, a copy of the employment application with references furnished, documentation verifying freedom from signs or symptoms of communicable , documentation of compliance with all staff training, documentation of compliance with level 2 background screening, and documentation verifying direct care staff and administrator participation in resident elopement drills.

Findings include:

Per Surveyor review of employee records on beginning at approximately 9:30am, 1 of 4 facility staff had no personnel record.

Per report submitted by Police Dept./Fire & Rescue squad to DCF Adult Protective Services, police conducted a welfare check at the facility on / and found five residents under the care of one person (herein referred to as Staff D).

Per interview with the Administrator on at approximately 10:00am, the facility did not construct or maintain a personnel record for Staff D. The Administrator stated that Staff D had previously performed cleaning duties

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

inside & outside the home, so he knew her. Surveyor asked Administrator when Staff D performed cleaning duties--the Administrator was vague and evasive and finally responded: " whenever she stopped by, early 2014. " When asked if he had Staff D fingerprinted, he stated he did not. When asked why he did not have Staff D finger printed and a background check completed, the Administrator stated that Staff D " served as relief that night only " and " only worked here a matter of hours. " The Administrator stated he did not have a background check done because " I can tell she ' s a good person. " Administrator and co-Administrator stated that Staff D worked one night for 3 hours while Administrator and co-Administrator attended a family party away from the facility.

Per interview with the Administrator on at approximately 10:00am, the Administrator stated that he does not have any identifying information regarding Staff D, other than her name, and that he does not know where she is living. The facility failed to maintain a personnel record for a person who cleaned the facility and served as the sole relief staff on duty in the facility on .

Class III

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

Based on record review and interview, the facility failed to ensure that Level 2 background screening pursuant to chapter 435 has deemed eligible for employment all employees providing personal care or services directly to residents or having access to client funds, personal property, or living areas (including any person whose responsibilities may require him or her to provide personal care or services directly to clients or have access to client funds, personal property, or living areas). The facility failed to ensure Level 2 background screening was conducted prior to hiring, selecting, or otherwise allowing an employee to have contact with any person that placed the employee in a role that requires background screening until the screening process was completed and demonstrated the absence of any grounds for the denial or termination of employment. Failure to ensure residents receive care and services safely, securely, and from persons who have not committed offenses that preclude them from employment directly placed the residents at risk for exposure to persons whom the Florida Legislature has deemed inappropriate to provide care or services.

Findings include:

Per Surveyor review of employee records on beginning at approximately 9:30am, 1 of 4 facility staff had no employee record and no record of a background screening having been conducted.

Per interview with the Administrator on at approximately 10:00am, the facility did not construct or maintain an employee file for Staff D. The Administrator stated that Staff D had previously performed cleaning duties inside & outside the home, so he knew her. Surveyor asked Administrator when Staff D performed cleaning duties--the Administrator was vague and evasive and finally responded: " whenever she stopped by, early 2014. " When asked if he had Staff D fingerprinted, he stated he did not. When asked why he did not have Staff D finger printed and a background check completed, the Administrator stated that Staff D " served as relief that night only " and " only worked here a matter of hours. " The Administrator stated he did not have a background check done because " I can tell she ' s a good person. " Administrator and co-Administrator stated that Staff D worked one

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night for 3 hours while Administrator and co-Administrator attended a family party away from the facility.

Per report submitted by Police Dept./Fire & Rescue squad to DCF Adult Protective Services, police conducted a welfare check at the facility on / and found five residents under the care of one person: Police stated that Staff D, the one staff person present in the house, is an illegal immigrant and not eligible for employment in the United States. Per report: " On , the residents in the home are not being taken care of properly. <Resident #1> was not changed and in need of a diaper change. There was an illegal immigrant in the home that does not have any credentials to care for the individuals. When knocking on the door to help assist the residents, the non-licensed employee did not come to the door. When fire and rescue arrived and was about to knock the door in to attend to the residents, she opened the door. The owners of the facility came to care for the residents in the home. "

Per interview with the Administrator on at approximately 10:00am, the Administrator stated that he does not have any identifying information regarding Staff D, other than her name, and that he does not know where she is living.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sunset Villa Retirement Home
2308 Americus Dr.
Clearwater, FL 33763

**RE: CCR# 2014004592**

Dear Administrator:

This letter reports the findings of a complaint 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 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

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