STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963853	12/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Evergreen Manor Retirement Home	3297 S.R. 580 Safety Harbor, FL 34695	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

Assisted Living Facility

A change of ownership (CHOW) state licensure survey with extended congregate care(ECC) was conducted on

Evergreen Manor Retirement Home, assisted living facility, had deficiencies at the time of the visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to ensure medications in a First Aid Kit were stored in a secure location.

Findings Include:

While in the identified medication the Medical Manager during observation of the medication pass on at 11:45 a.m., a four-drawer metal file cabinet was observed with a paper sign on the front of the third drawer stating, "First-Aid Box in Metal Cabinet."

The identified medication located off of the dining area and was observed during the course of the survey as being opened and unlocked.

At the conclusion of a second medication pass in the medication 1:20 p.m., the Medical Manager was asked about the file cabinet and the First-Aid kit. She walked over and opened a drawer in the unlocked metal file cabinet and pulled out a plastic First-Aid kit. The First-Aid kit was not was not locked and opened by the surveyor. The unlocked First-Aid kit contained the following:
- Scissors,
- Five packets labeled 420 mg. (milligrams) two tablets),
- Five packets labeled Non-A 325 mg. two tablets),
- Four packets labeled 325 mg. two tablets),
- Four packets labeled Ointment 3.5 mg),
- Six packets labeled Cream with Aloe Vera, and
- Six packets labeled Insect Sting Relief 50%, 2.0%).

The Medical Manager agreed the above medications were not stored in a secured location.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Evergreen Manor Retirement Home	**3297 S.R. 580 Safety Harbor, FL 34695**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on record review and interview, the facility failed to ensure one (Employee C) of three employee personnel files reviewed contained evidence of one hour control training.

Findings Include:

Employee C was hired by the facility and the Medical Manager indicated she primarily works the evening shift (3:00 p.m. to 11:00 p.m.). No evidence of one hour control training was located in the personnel file.

The Medical Manager, asked to review the personnel file, was not able to locate information on control training.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure one (Employee C) of three employee personnel files reviewed contained evidence of current approved training.

Findings Include:

A review of the personnel file for Employee C contained a copy of a web page indicating Employee C completed an Adult course and exam on 11. There is no information on the form related to training on the practical application of and no evidence on the form the training is from an approved provider.

The staffing schedule was reviewed from through The following dates and times indicate Employee C was the only staff member in the facility:
- from 7:00 p.m. to 11:00 p.m.,
- from 8:00 p.m. to 11:00 p.m.,
- from 8:00 p.m. to 11:00 p.m.,
- from 8:00 p.m. to 11:00 p.m.,
- from 8:00 p.m. to 11:00 p.m.,
- from 8:00 p.m. to 11:00 p.m.,
- from 8:00 p.m. to 11:00 p.m., and
- from 8:00 p.m. to 11:00 p.m.

The Medical Manager stated in an interview on at approximately 5:15 p.m. that she had been aware the employee did not have a current in her file and asked that it be brought in. The staff member had brought in a copy of the web page documentation and the Medical Manager was not aware that it appeared to be a non-approved "on-line" course.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview, the facility failed to maintain an up-to-date Admission and Discharge Log.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Evergreen Manor Retirement Home	**3297 S.R. 580 Safety Harbor, FL 34695**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings Include:

At the Entrance Conference with the Facility Administrator on at approximately 9:30 a.m., she indicated there were nine residents currently residing in the facility and provided a list of their names.

During the course of the survey, this list was compared against the Admission and Discharge Log. Residents #1 and #8 were not included in the Log as current residents. The names of three individuals who were not identified as a current resident were listed in the Log as current residents.

The discrepancies in the Log were shown to the Administrator at approximately 11:30 a.m. and indicated the three individuals identified on the Log who are no longer here "apparently left before we took over."

Class III

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

Based on record review and interview, the facility failed to ensure Level 2 Background screening results were maintained in the personnel file of one (Employee B) of three employee personnel files reviewed.

Findings Include:

The personnel file of Employee B did not contain a copy of the results of a Level 2 Background screen performed within the last five years. The facility Medical Manager agreed at approximately 4:45 p.m. on , the only Level 2 Background screen in the personnel file was dated 2000.

An online web search revealed a Level 2 Background Screen for Employee B.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Evergreen Manor Retirement Home
3297 S.R. 580
Safety Harbor, FL 34695

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey with extended congregate care (ECC) 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/clt

Enclosure: State (5000-3547) Form

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