STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932651	11/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Annie's Retirement Home	1650 Ne 62nd Street Fort Lauderdale, FL 33334	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
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 - 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 unannounced Relicensure survey was conducted on at Annie's Retirement Home. The facility had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review, and interview, the facility failed to follow regulatory guidelines for utilization of physical , for 1 out of 2 sampled residents' records reviewed (Resident #5).

The Findings Include:

During an observation made on at 9:35 AM, it was noted that Resident #5 was lying in bed with half-bed rails in the up position.

Review of Resident #5's record revealed it did not contain a current physician's order for half-bed rails.

In an interview conducted with the Administrator on at 4:10 PM, she stated that Resident #5 is unable to lift the side rails up or down by herself. She reviewed the file and confirmed that a physician order for the bed rails was not in the record.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure 1 out of 3 (Staff B) newly hired staff submit a written statement from a health care provider within 30 days of hire, documenting that the individual does not have any signs or symptoms of a communicable . The facility also failed to ensure 1 out of 3 (Staff C) current staff member has evidence of an annual negative exam.

The findings include:

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1) Review of Staff B's personnel record, whose date of hire was , lacked documentation that the individual does not have any signs or symptoms of a communicable .

2) Review of Staff C's personnel record, whose date of hire was , lacked documentation of a current negative exam. The last documented examination was dated .

In an interview conducted with the Administrator on at 10:00 AM, she stated Staff B and Staff C are current staff members at the facility and provide direct care to residents, she reviewed the file and confirmed the findings.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC
Based on record review and interview, the assisted living facility failed to maintain a written work schedule to reflect its 24-hour staffing pattern for a given time period. As evidenced by 2 staff members (Staff A and Staff B) on the schedule for from 7 AM- 7PM and not present and 2 staff members (Staff C and Staff D) not on the schedule for from 7AM- 7 PM and were present and working.

The findings Include:

Record review of the most current facility's " Work Schedule" available dated revealed the following:
Staff A was on the schedule to work Tuesday (7 AM- 7 PM) . Staff B was on the schedule to work Tuesday (7 AM- 7 PM) and Staff C was on the schedule to work Tuesday (7 PM- 7 AM .) The Administrator was on the schedule to work Tuesday (7 AM- 7 PM). Staff D was not listed on the schedule.

In observations conducted on from 9:00 AM - 4:30 PM, Staff C, Staff D and the Administrator were the only staff present at the facility.

On the schedule for the day revealed that Staff A, Staff B and the Administrator were on the schedule from 7AM-7PM and Staff C was on the schedule from 7 PM- 7 AM.

In an interview conducted with the Administrator on at 12:27 PM, she confirmed the schedule was not accurate. She stated no further documentation was available for review.

Class III

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0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to ensure that all direct care staff members received the required in-service trainings within 30 days of employment, for 1 out of 3 sampled employees' records reviewed (Staff B).

The Findings Include:

Review of Staff B (hire date personnel files revealed the records lacked documentation indicating the employees received the required 1 hour in-service trainings covering:
a) Resident Rights
b) Recognizing/Reporting Neglect and

In an interview conducted on at 3:00 PM with Staff B, she stated that she has been working at the facility since 2014 and provides personal care to the residents at the facility.

In an interview conducted on at 3:07 PM, the Administrator reviewed the personnel record of Staff B and confirmed the findings. She stated no further documentation was available for review.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on observation and interview the assisted living facility failed to maintain a personnel record for 1 out of 4 (Staff D) current staff members which includes the following: a copy of an employment application with references, documentation verifying freedom from signs and symptoms of communicable , compliance with all required staff trainings, and a Level 2 background screening.

The findings include:

On at 10:00 AM in Staff D was observed unsupervised sitting at the bedside with Resident #7. On at 10:00 AM in , Staff D was observed unsupervised with Resident #8. On at 10:55 AM in TV Staff D was observed unsupervised with Resident #3. On at 11:35 AM Staff D was observed serving beverages to the residents seated at the dining . On at 11:45 AM Staff D was observed assisting with feeding Resident #8.

In an interview conducted with Staff D on at approximately 12:35 PM, she confirmed she was assisting Resident # 8 with eating.

In an interview conducted on at 10:45 AM with Resident #3 , she stated that Staff D is the owner's daughter and has been helping out recently.

On at 12:25 PM a request was made by the surveyor to review Staff D's personnel file, the

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Administrator confirmed they do not have a personnel file for review for Staff D.

In an interview conducted with the Administrator on at 12:27 PM , she stated that Staff D began to work at the facility on , since she is currently out of school, she comes to help out. She confirmed that she does not have a level 2 background screening, she does not have a statement from a health care provider that she is free of signs and symptoms of a communicable , or documentation of any trainings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Annie's Retirement Home
1650 NE 62nd Street
Fort Lauderdale, FL 33334

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on . . . . . 26, 2014 by a representative from 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 . . . . . 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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