STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967456	11/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Silver Creek Assisted Living St Cloud	2910 Old Canoe Creek Road Saint Cloud, FL 34772	
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

Specific Tag Findings:
0000-Initial Comments
A Complaint investigation CCR# 2014007636 was conducted on and Silver Creek Assisted Living of St. Cloud had a deficiency found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on interview and record review the facility failed to ensure that 2 of 2 volunteers A and B had records that included within 30 days of hire a statement from a health care provider within the last six months that the person does not have signs or symptoms of a communicable including Also, the facility failed to ensure that 2 of 2 volunteers who have access to client funds, personal property and resident living areas and Volunteer A provides a service to the residents had a level 2 background screening.

Findings:

Interview conducted with volunteer B on at 10:20 PM who stated that he rents the apartment in the upstairs part of the home. Staff do not assist him with medications or activities of daily living. The rent includes three meals a day. He volunteers at the home to sweep the outside walkway and take out the garbage.

Interview conducted on at approximately 12:00 PM with the administrator who stated staff A and staff B are volunteers not staff. She stated she understood she did not have to maintain a file for them. She did not have to have a statement from a health care provider regarding communicable status. The administrator further stated Volunteer A and B reside in the unlicensed apartment in the upstairs of the home. They pay rent and are completely independent in their activities of daily living and independent activities of daily living. Volunteer A and B reside in an apartment on the second floor and are independent renters. Volunteers A provides a service to residents by helping out with the facility activities

Interview conducted with volunteer A on at 1 PM who stated she rents the two in the upstairs of the home. The rent includes three meals a day. She does not require assistance with assistance with daily living or medications. Volunteer A stated that

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she volunteers in the facility by helping to set the table for meals and clean up after meals. She puts the dishes away after they are clean. She also assists with facility activities especially arts and crafts.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Silver Creek Assisted Living St Cloud
2910 Old Canoe Creek Road
Saint Cloud, FL 34772

RE: CCR #2014007632

Dear Administrator:

This letter reports the findings of a state licensure 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 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/For.....ihtml 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 Lorraine Henry at . . .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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