STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965113	12/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Almost Home Beaches	100 West First Street Atlantic Beach, FL 32233	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - E202 - 58a-5.030(3) Fac - Ecc - Physical Site Requirements S-S= D
St - A - E203 - 58a-5.030(4) Fac - Ecc - Staffing Requirements S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Extended Congregate Care (ECC) survey was conducted at Almost Home Beaches in Atlantic Beach, Florida, on , 2014. Deficiencies were identified at the time of the survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and staff interview, the facility failed to ensure that each employee had annual documentation of freedom from for 1 of 3 sampled employees. (Administrator)

The findings include:

A review of the personnel record for the Administrator on revealed that her most recent test result was dated

An interview with the Administrator on at approximately 10:20 a.m. confirmed that was her most recent test result, and that she had nothing more current.

Class III

E202-ECC - Physical Site Requirements 58A-5.030(3) FAC
Based on observation and interview, the facility failed to ensure that a , with a toilet, sink, and bathtub or shower, which was shared by a maximum of four (4) residents for a maximum ratio of four (4) residents to one (1) maintained for potential Extended Congregate Care (ECC) residents.

The findings include:

A review of the facility license on revealed that it was a standard license with ECC standards. Eleven (11) of the facility's fourteen (14) beds were licensed for ECC residents.

A tour of the facility on revealed that there were two with showers in the facility. Four other in the facility were furnished with a commode and sink only.

During an interview with the administrator on at approximately 9:50 a.m., she confirmed that there were two shower in the facility.

Class III

E203-ECC - Staffing Requirements 58A-5.030(4) FAC
Based on record review and staff interview, the facility failed to provide, as staff or by contract, the services of a nurse who would be available to provide nursing services as needed by Extended Congregate Care (ECC) residents, participate in the development of resident service plans, and perform monthly nursing assessments for

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	AL11965113	12/17/2014
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Almost Home Beaches	**100 West First Street Atlantic Beach, FL 32233**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

residents, participate in the development of resident service plans, and perform monthly nursing assessments for all potential ECC residents.

The findings include:

A review of the facility's ECC binder on ... revealed no information related to an ECC nurse.

During an interview with the Administrator/ECC Supervisor on ... at approximately 9:55 a.m., it was revealed that the facility neither employed nor contracted with a registered nurse, or any nurse for provision of ECC services to potential ECC residents. The Administrator stated that no nurse was employed by the facility, and that she had no paperwork for a contracted nurse at that facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Almost Home Beaches
100 West First Street
Atlantic Beach, FL 32233

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care survey that was conducted on , 2014 by a representative 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 **02/05/2015** 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. Should you have any questions please call this office at .

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

GJ/JM/sm
Enclosure

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