STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967059	12/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sweet Home At Last	1580 Drayton Ave Deltona, FL 32725	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0081-Training - Staff
0090-Training -
0161-Records - Staff-12/
E210-Ecc - Training-1

Revisit Repeat Tags:
0000-Initial Comments-
0078-Staffing Standards - Staff-58a-5.019(2) Fac
0083-Training - First Aid And 5.0191(4) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced follow up survey was made to Sweet Home at Last Assisted Living on Two deficiencies were found uncorrected at the time of the revisit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and staff interview the facility failed to ensure that staff submitted a statement from a health care provider within 30 days of employment that they did not have any signs or symptoms of a communicable for 2 of 3 employees reviewed (Employee X and Employee Y). The facility also failed to provide annual documentation of freedom from for 2 of 3 employees reviewed (Employee X and Employee Y).

The findings include:

The personnel file for Employee X, hired on did not contain evidence of a statement from a health care provider indicating freedom from communicable when the file was reviewed on The personnel file for employee X also did not contain current annual testing indicating freedom from

The personnel file for Employee Y, hired on did not contain evidence of a statement from a health care provider indicating freedom from communicable when the file was reviewed on The personnel file for Employee Yalso did not contain current annual testing indicating freedom from

During an interview with the Administrator on at 11:15 AM she was unable to provide evidence of freedom from communicable or current testing for Employee X or Employee Y.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on record review and staff interview, the facility failed to ensure that a staff member who completed First Aid and and held a currently valid card documenting completion of the training was in the facility at all times. One of three employees did not have First Aid Training (Employee X). One of three employees did not have current training (Employee Z).

The Findings Include:
A review of personnel files on revealed no documentation of current certification in First Aid for

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Employee X.

A review of personnel files on revealed no documentation of current certification of completion of training for Employee Z.

During an interview with the administrator on at 11:45 AM she confirmed the lack of First Aid training for Employee X and the lack of current certification for Employee Z. She confirmed Employee X and Employee Z worked shifts alone at the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Sweet Home At Last
1580 Drayton Avenue
Deltona, FL 32725

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies identified during the revisit.

All deficiencies shall be corrected no later than 2015.

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 (904) 798-4201.

Sincerely,

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

JS/JM/sm
Enclosure

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