STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910077	**01/15/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Resthaven Of Hardee County, Inc	**298 Resthaven Road Zolfo Springs, FL 33890**	
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 - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D

Specific Tag Findings:

Assisted Living Facility

An unannounced Biennial licensure survey with Limited Nursing Services was conducted on .

The Resthaven of Hardee County, assisted living facility, had deficiencies at the time of this visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that newly hired staff submitted a statement from a health care provider, based on an examination conducted within the previous six months or within 30 days of hire, that the person does not have any signs or symptoms of a communicable including . Failure to ensure that all staff are free from communicable (s) including places residents, employees, and facility visitors at risk of adverse medical consequences.

Findings Include:

Three of three employee records randomly selected for review on / beginning at approximately 10:00 a.m. did not contain evidence of newly hired staff having submitted within 30 days of hire a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including .

Per record review, Staff A was hired as a Resident Care Aide/Med Tech on . Staff A's record included a statement of freedom from communicable dated , not submitted within 30 days of hire.

Per record review, Staff B was originally hired on / / and rehired as a Resident Care Aide/Med Tech on . As of /15 review, Staff B ' s record did not contain a health care provider's statement of freedom from communicable .

Per record review, Staff C was hired as a Resident Care Aide/Med Tech on . As of / review, Staff C's record did not contain a health care provider's statement of freedom from communicable .

Per interview conducted with the Administrator on / beginning at approximately 2:30 p.m., the Administrator acknowledged that the files are missing the required documentation.

Class III

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0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to ensure that required training certificates are documented in the facility's personnel files and include title and subject matter/agenda of the training, trainee's name, dates of participation, location of the training, number of hours of the training, and training provider's name, dated signature and credentials, including professional license number, if applicable.

Findings Include:

Three of three employee records randomly selected for review on / beginning at approximately 10:00am did not contain required training certificates. Per record review, Staff A was hired as a Resident Care Aide/Med Tech on ; Staff B was rehired as a Resident Care Aide/Med Tech on (originally hired /); Staff C was hired as a Resident Care Aide/Med Tech on and is a currently licensed Certified Nursing Assistant.

Per Surveyor review of training records, all three contained a 2-page form entitled " Staff In-Service Training for Direct Care Staff " that states: " The following direct care staff member received the following training by a facility staff member who has attended the required ALF Core training and ALF Core training updates: "

Staff (name) did receive a minimum of one (1) hour of in-service training in Control.

Staff (name) did receive one (1) hour of in-service training in reporting of major & adverse incidents and facility emergency procedures including chain of command and staff roles relating to emergency evacuation.

Staff (name) did receive one (1) hour of in-service training in resident rights in an assisted living facility and recognizing & reporting , neglect, &

Staff (name) did receive three (3) hours of in-service training in resident behavior and needs and assisting with activities of daily Living.

Staff (name) did receive "a minimum of one (2) hours" of in-service training in nutrition & safe food handling.

Staff (name) did receive "a minimum of four (4) hours" of in-service training in

Staff (name) did receive a copy of resident elopement policies and procedures and understand implementation.

Staff (name) did receive "a minimum of three (3) hours" of in-service training in /

Staff (name) did receive "a minimum of (1) hour in-service in policy & procedure.

The Administrator signed and dated each item as Trainer for all of the trainings, as follows:

Staff A's record contained 2 sets of the 2-page form: all items signed & dated by current Administrator and items signed & dated , / , & by previous Administrator. Staff A's employee file also contained a 1-page typed document entitled " Resident Needs and ADL's, " on which is handwritten: " Read & Sign." The form was not signed or dated. The employee file did not contain in-service training certificates as

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required.

Staff B's record contained 3 sets of the 2-page form: all items signed & dated and / by current Administrator and all items signed & dated by previous Administrator. Staff B was originally hired on / and rehired -- the training attestation list does not provide any indication of when trainings were provided (ie., within 30 days of employment). Staff B's employee file also contained a 1-page typed document entitled " Resident Needs and ADL's, " on which is handwritten: " Read & Sign. " Staff B signed & dated that document . There was no evidence of required trainings having been actually provided. The employee file did not contain in-service training certificates as required.

Staff C's record contained 1 set of the 2-page form, with all items dated on page 1 and on page 2. There is no Trainer specified for any of the trainings and no signatures on either page. There was no evidence of required trainings having been provided. Staff C's record contained a copy of current licensure as a Certified Nursing Assistant, satisfying the training requirements for Control and in-service in resident behavior and needs and assisting with activities of daily Living. The employee file did not contain any in-service training certificates as required.

Per record review and interview conducted with the Administrator on / at approximately 2:30 p.m, she became Core certified on . The Administrator stated she has not undertaken any continuing education, but has until to complete the 12 hours required every 2 years. Surveyor discussed the specific requirements of staff in-service training and documentation requirements. The Administrator stated she followed the same documentation method as previous Administrator and will ensure training certificates are completed as required.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Resthaven Of Hardee County, Inc
298 Resthaven Road
Zolfo Springs, FL 33890

Dear Administrator:

This letter reports the findings of a Biennial state licensure survey with Limited Nursing Services (LNS) that was conducted on , 2015 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,

Patricia Reid Caufman
for Filed Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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