

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963835	(X3) DATE SURVEY COMPLETED 03/11/2015
NAME OF PROVIDER OR SUPPLIER Chateau Blanc	STREET ADDRESS, CITY, STATE, ZIP CODE 711 Casler Avenue Clearwater, FL 33755	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - Initial Comments
 St - A - 0077 - 429.176 Fs; 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
 St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
 St - A - 0081 - 58a-5.019(2) Fac - Training - Staff In-Service S-S= D
 St - A - 0082 - 58a-5.019(3) Fac - Training - S-S= D
 St - A - 0084 - 58a-5.019(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
 St - A - 0090 - 58a-5.019(11) Fac - Training - S-S= D

Specific Tag Findings:

Assisted Living Facility

A complaint survey, CCR #2014012302, was conducted on

Chateau Blanc, Assisted Living Facility, had deficiencies identified at the time of the visit.

0077-Staffing Standards - Administrators 429.176 FS; 58A-5.019(1) FAC

Based on interview and record review, the facility was officially without an Administrator.

Findings Include:

An internal office documentation review revealed that a new individual had been named Administrator of the facility in question as of "pending additional information." However, a telephone interview with this newly-appointed person at approximately 10:00 am on indicated that she had not passed the CORE examination and therefore was not the facility Administrator. Further interview revealed that although she had named her live-in staff member as Administrator, there had been numerous delays in gathering the necessary paperwork to move this change in administrator process forward.

Class III

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

Based on record review and interview, two of five Staff sampled (A and E) did not have a communicable statement from a health care provider based on an exam within the last six months, including a evaluation, nor had it documented status on an annual basis for one of three staff with said evaluation in place (Staff B).

Findings Include:

A personnel file review during the investigation revealed that Staff A and E, both hired , did not have a healthcare provider's evaluation regarding their freedom from signs and symptoms of communicable

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including In addition, the . . . statement for Staff B (hired . . .) had expired Interview with the Owner at approximately 1:15 pm on occurred that these assessments were missing from these employees' records.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, four of five staff sampled (A, C, D and E) had not received all required basic training within 30 days of employment.

Findings Include:

Personnel file review during the investigation revealed that Staff A, C, D, and E had no documentation verifying that they had received training in the following areas: a) resident behavior and needs and providing assistance with ADLs (3 hrs.); b) facility elopement response policies and procedures; c) facility emergency preparedness and evacuation procedures and incident reporting (major/adverse); d) resident rights and e) recognizing/reporting neglect, and Interview with the Owner at approximately 1:45 pm on confirmed that these employees likely had not received the above-referenced training "due to the previous Administrator not adequately fulfilling his role."

Class III

0082-Training - 58A-5.0191(3) FAC

Based on record review and interview, three of five staff sampled who had been employed at least 30 days (A, D and E) had not received training on . . . and

Findings Include:

A review of the personnel files for Staff A, D, and E (hired and respectively) during the investigation revealed that none had any documented evidence of having taken any education course on . . . and Interview with the Owner at approximately 1:05 pm on confirmed that none of these employees had received this training.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, one of four staff sampled who assisted residents with medication self-administration as a part of their duties (Staff B) had not received the minimum 2 hrs. of continuing education on providing assistance with self-administered medications and safe medication practices on an annual basis.

Findings Include:

A personnel file review during the investigation found that Staff B received a 4-hr. medication training on Further review of the record found no subsequent 2 hr. update training in providing assistance with

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self-administered medications and safe medication practices. Interview with the Owner at approximately 1:15 pm on [redacted] verified that no subsequent medication-related training had been received by Staff B.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview, four of five staff sampled (A; C; D; E) had not yet received any official training in the facility's policies and procedures regarding [redacted].

Findings Include:

A review of personnel records during the investigation found that Staff A, C, D, and E (hired and [redacted] respectively) had no documentation verifying that they had received formal training in the facility's policies/procedures with respect to [redacted]. Interview with the Owner at approximately 1:20 pm on [redacted] confirmed that she had not yet formulated any policy/procedure in writing pertaining to [redacted] and thus hadn't officially trained her staff what to do if something were to occur involving advance directive-related decisions.

Class III



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Chateau Blanc
711 Casler Avenue
Clearwater, FL 33755

RE: CCR #2014012302

Dear Administrator:

This letter reports the findings of a complaint survey 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,

for

Patricia Reid Cauffman
Field Office Manager

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

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