STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910840	03/17/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nurse's Helping Hearts	1735 Nursery Road Clearwater, FL 33756	
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 - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

Assisted Living Facility

A Biennial Licensure survey was conducted on .

Nurse's Helping Hearts, Assisted Living Facility, had deficiencies 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 the co-owner/caregiver had current documentation of freedom from the signs and symptoms of ( ) completed by a health care provider.

Findings Include:

A record review was conducted with the co-owner/administrator on at 10:05 a.m. The facility co-owner/caregiver's employee record had documentation that the **Last statement of free from the signs and symptoms of was provided by physician on** . The administrator acknowledged the co-owner/caregiver would have a positive skin test due to prior given in a country other than the United States. Chest x-rays were done every 5 years however the requirement to have an annual health care provider's statement of the individual being free from the signs and symptoms of had not been done since 2013. The co-owner/administrator stated "I'll schedule a doctor's appointment right away."

CLASS III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on interview and record review the facility failed to ensure the co-owner/caregiver had a current valid card documenting completion of courses in First Aid and ( ).

Findings Include:

A record review was conducted with the co-owner/administrator on at 10:05 a.m. The facility co-owner/caregiver's employee record had documentation that his First Aid and card had expired on . Based on the staffing schedule provided by the co-owner/administrator the caregiver had scheduled hours as the sole caregiver in the facility with 4 , elderly residents. The co-owner/administrator stated "I will get him in a class right away and get his card updated.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910840	03/17/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nurse's Helping Hearts	1735 Nursery Road Clearwater, FL 33756	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

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

Based on interview and record review the facility failed to ensure the co-owner/caregiver had completed a 4 hour update on assisting with self-administered medication and medication management on an annual basis.

Findings Include:

A record review was conducted with the co-owner/administrator on , at 10:05 a.m. The facility co-owner/caregiver's employee record had documentation that his last 4 hour assisting with self-administered medication update training had been done on / . The co-owner/administrator stated "I wasn't sure we were going to stay open for a while yet and he didn't go for the class. He can go right away and get the update done."

Class III

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

Based on interview and record review the facility failed to ensure the co-owner/caregiver had received at least a one hour training on the facility's policy and procedures regarding ('s).

Findings Include:

A record review was conducted with the co-owner/administrator on , at 10:05 a.m. The facility co-owner/caregiver's employee record had no documentation that he had received at least a one hour training in the facility's policies and procedures related to 's. The co-owner/administrator stated "I will conducted a training with him right away."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Nurse's Helping Hearts
1735 Nursery Road
Clearwater, FL 33756

Dear Administrator:

This letter reports the findings of a abbreviated state licensure 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,

Patricia Reid Caufman
Field Office Manager

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

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