STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953250	02/10/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Homestead Retirement	1117 Massachusetts Avenue Saint Cloud, FL 34769	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 429.26(4-6) Fs; 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:
0000-Initial Comments
Complaint investigation CCR#2014011174 was conducted on . The Homestead Retirement had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 429.26(4-6) FS; 58A-5.0181(2) FAC
Based on record review and interview the facility failed to ensure that 1 of 4 sampled residents: had a completed health assessment (#1) and failed to ensure resident #2 was examined by a healthcare provider 30 days after admission to the facility.

Findings:

Resident record review for resident #1 revealed a health assessment report AHCA form 1823 was dated . Continued review revealed the assessment did not indicate if the resident needed help with her medications. That portion of the form was blank.

Resident record review for resident #2 revealed she was admitted to the facility on . Continued review revealed a health assessment report AHCA form 1823 dated .

In an interview on at approximately 3 PM with the manager, who stated the assessment for resident #1 had been overlooked. The assessment for resident #2 was done 2 months after admission because when the resident moved in the daughters stated her mother only saw the psychiatrist at Park Place. .

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to have evidence that 2 of 10 sampled staff (E and G) received the required in- service training within the required time frames.

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Findings:

1. Personnel record review for staff E revealed she was hired and was a caregiver. Continued review revealed no evidence to confirm she received a 3 hours in-service training regarding control and 1 hour in-service Recognizing Neglect and Continued review revealed she received an in-service training regarding activities of daily living and resident behavior and needs and Resident Rights on more than 30 days from hire. There was no evidence she was a nurse, a certified nursing assistant (CNA) or a home health aide (HHA), therefore exempt from the control training.

2. Personnel record review for staff G revealed he was hired and was a caregiver. Continued review revealed no evidence he received an in-service training Recognizing Neglect and within 30 days of hire.

In an interview with the manager on at approximately 3 PM, who stated he could not locate documentation to confirm that the staff had obtained the training as required, she thought it was all done.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on personnel record review and interview the facility failed to ensure 1 of 10 staff (G), whom was in a role that required a background screening did not have any disqualifying offenses and allowed staff G to work before the screening was completed.

Findings:

Review of the facility 2015 staff schedule on at approximately 2:45 PM revealed staff G was scheduled to work 5 days a week from 11 PM to 7 AM. Review of the 2015 staff schedule revealed that he was scheduled to work 5 days a week from 11 PM to 6 AM, this included

Personnel record review for staff G revealed that a level I background screening result was not available for review.

In an interview on at approximately 3:45 PM with the owner /administrator, who stated he had sent the staff for the screening; he needed to pull the report from the website.

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Review of the background screening result revealed staff G was not eligible to work in an AHCA provider/facility licensure, or for a Medicaid/Medicare participating provider or for a non-Medicaid/Medicare participating provider. The results were shared with the owner/administrator, who called the staff and told him not to report to work for his next shift and that he could not return to work until he cleared this matter with the Agency and he was given exemption from disqualification.

In an interview on at approximately 4 PM with the owner /administrator, who stated he was surprised the staff was not eligible, but he failed to review the result before he allowed the staff to work.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Homestead Retirement
1117 Massachusetts Avenue
Saint Cloud, FL 34769

RE: CCR #2014011174

Dear Administrator:

This letter reports the findings of a 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 after 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 Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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