

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11953250

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
4/27/2015

Name of Facility

HOMESTEAD RETIREMENT

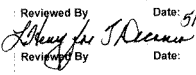
Street Address, City, State, Zip Code

1117 MASSACHUSETTS AVENUE
SAINT CLOUD, FL 34769

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0008		ID Prefix AZ815		ID Prefix	
Reg. # 429.26(4-6) FS: 58A-5.0181		Reg. # 408.809, 435.02(2), 435.06		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By

Reviewed By

Date: 5/4/15
Date:

Signature of Surveyor:
Signature of Surveyor:

Date:
Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/04/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953250	(X3) DATE SURVEY COMPLETED R
NAME OF PROVIDER OR SUPPLIER HOMESTEAD RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1117 MASSACHUSETTS AVENUE SAINT CLOUD, FL 34769	

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

0000 - Initial Comments

A revisit to CCR#2014011174 was conducted on Homestead Retirement Living had a deficiency found at the time of the visit.

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

A- 0081 remained uncorrected.

Based on personnel record review and interview the facility failed to have evidence that 1 of 12 sampled staff (#G) received the required in-service training regarding Recognizing Neglect and

Findings:

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 on Recognizing Neglect and

In an interview with the manager on at approximately 1 PM, who stated she could not locate documentation to confirm that the staff had obtained the training.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Homestead Retirement
1117 Massachusetts Avenue
Saint Cloud, FL 34769

RE: Revisit to CCR#2014011174

Dear Administrator:

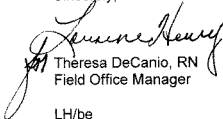
This letter reports the findings of a complaint investigation revisit survey conducted on 127, 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **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 (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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