AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11968601	A. Building B. Wing	4/24/2015

Name of Facility	Street Address, City, State, Zip Code
HB ANDERSON HOME	127/131 WEST BLUE HERON BOULEVARD RIVIERA BEACH, FL 33404

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0008** Reg. # **429.26(4-6) FS; 58A-5.0181** LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
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Reviewed By State Agency	Reviewed By [signature]	Date: 5/11/15	Signature of Surveyor: [signature] for [signature]	Date: 5/11/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968601	R **04/24/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HB ANDERSON HOME	**127/131 WEST BLUE HERON BOULEVARD RIVIERA BEACH, FL 33404**	

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

0000 - Initial Comments

An unannounced follow-up to the complaint survey (CCR#2014011513) was conducted on & HB Anderson Home had deficiencies found at the time of the visit.

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

Based on interview and record review it was determined the facility failed to ensure that each staff that provides direct care to residents received a minimum of 1 hour of in-service training within 30 days of employment, specifically related to the facility's elopement response policies and procedures and the facility's procedures for reporting major incident and adverse incidents, for 2 of 2 personnel records reviewed (Staff A and Staff B).

The findings include:

During entrance conference conducted with the Administrator on beginning at approximately 10:00 AM, she was asked to provide personnel records for the direct care staff of this facility. On at approximately 10:40 AM the Administrator stated she was having difficulty locating the personnel files and that she had a call placed to the secretary to find out the location of these personnel files. The Administrator located the files on at approximately 10:50 AM. These files were reviewed for Staff A (date of hire noted as and Staff B (date of hire noted as Neither file contained documentation reflecting that they had received the mandatory trainings related to the facility's elopement policies and procedures or the facility's policies and procedures for reporting major incidents and adverse incidents or the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Staff B's file did contain copies of certificates from another facility, dated that indicated she had received trainings from that facility regarding their policies and procedures for elopement and incident reporting. Staff A's file did not contain any documentation related to these trainings.

During interview and personnel record review with the Administrator on beginning at approximately 11 AM, she stated she had provided Staff A and Staff B the Emergency Preparedness/Response training last week. She provided a copy of a test at 11:00 AM for Staff A. This test was only partially completed and noted "facility's copy" in the upper left hand corner (and did not contain Staff A's name). The Administrator then explained that she provided the training to Staff A and Staff B and that she just did not issue training documentation as she does not know how to make a certificate on the computer. She stated, "I am not computer literate and do not know how to make a certificate and I don't know if my secretary knows how to either".

During interview with Staff A, conducted on beginning at approximately 10:55 AM, she stated she had received emergency training last week for about 2 hours but that she did not receive a certificate for that training.

During subsequent interview with the Administrator, on at 11:10 AM, she acknowledged she had not conducted these required trainings for the staff of her facility (Staff A and Staff B). She acknowledged that she had been cited for not having provided these training, but that she just had not had a chance to conduct the trainings.

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	AL11968601	R **04/24/2015**
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HB ANDERSON HOME	**127/131 WEST BLUE HERON BOULEVARD RIVIERA BEACH, FL 33404**	

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

0081 Continued From page 1

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on interview and record review, it was determined the facility failed to ensure the 1 day and 15 day adverse incident reports were filed with the Agency for 1 of 1 sampled residents that had an adverse incident (Resident #1).

The findings include:

a) On [redacted] at 1:00 PM, the Administrator stated during interview that Resident #1 had eloped from the facility on [redacted] A review of "{city name} Police Department Missing Person Documentation" report completed by the Administrator, dated [redacted], marked the resident with [redacted] and Endangered". While discussing if the resident was at risk for harm or injury while missing, the Administrator acknowledged that he was at risk since the resident had a diagnosis of [redacted] and required medication. She stated she did not know an adverse incident report was required for elopements. Review of the facility records revealed no adverse incident report had been completed for Resident #1. Review of Agency records on [redacted] revealed no adverse incident report was filed with the Agency for Resident #1's elopement on [redacted].

b) During the follow-up survey, an entrance conference was conducted with the Administrator on [redacted] beginning at approximately 10:00 AM; she was asked to provide documentation that 1 day and 15 day adverse incident reports had been filed for Resident #1. She stated that she never filed those reports as she was never told she needed to file them. She was asked if there had been any other adverse incident reports since the one on [redacted] (elopement) regarding Resident #1. She denied there had been any other adverse incidents to report since [redacted].

This facility had been cited on [redacted] related to the failure to file 1 day and 15 day adverse incident reports for Resident #1 that had eloped from the facility on [redacted].

Class III

This is an uncorrected deficiency.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Hb Anderson Home
West Blue Heron Boulevard
Riviera Beach, FL 33404

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies identified during the revisit. Also enclosed is the Revisit Report which identifies the deficiencies found corrected on the day of the survey.

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 11, 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene o-Davis
Field Office Manager

AMD/dlt
Enclosure

BBT7

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