AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965260	**05/26/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
AMORE' AT KANNER HIGHWAY LLC	**1634 S. KANNER HWY. STUART, FL 34994**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2015004872, was conducted on and . The facility had deficiencies found at the time of the visit.

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

Based on employee record review and staff interview, the facility failed to ensure newly employed staff received the required employee trainings within 30 days from date of hire, for 1 of 3 employees (Employee C).

The findings include:
On , record review for Employee C (direct care staff member) revealed this employee did not have documentation showing completion of the following required in-service trainings within 30 days of hire
A) Control
B) Adverse/Major Incidents
C) Emergency Procedures
D) Resident Rights
E) Recognizing and Reporting Neglect &
F) Activities of Daily Living and Behavioral Needs
G) Elopement Policy
H) Food Safety

An interview was conducted with the Administrator on at 11:00 AM; she stated, " This employee has not completed the required in-service trainings. This was an oversight on my part. The trainings should have been completed within the 30 day timeframe from date of hire. "

Class

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

Based on employee record review and staff interview, the facility failed to ensure newly employed staff received the required training within 30 days from date of hire, for 1 of 3 employees (Employee C).
The findings include:
On , record review for Employee C revealed this employee did not have documentation showing completion of the required training within 30 days from date of hire
An interview was conducted with the Administrator on at 11:00 AM; she stated, " This employee has not completed the required in-service trainings. This was an oversight on my part. The trainings should have been completed within the 30 day timeframe from date of hire. "

Class

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0090 Continued From page 1

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

Based on employee record review and staff interview, the facility failed to ensure newly employed staff received the required Training within 30 days from date of hire for 1 of 3 employees (Employee C).
The findings include:
On , record review for Employee C revealed this employee did not have documentation showing completion of the required training within 30 days from date of hire
An interview was conducted with the Administrator on at 11:00 AM; she stated, " This employee has not completed the required in-service trainings. This was an oversight on my part. The trainings should have been completed within the 30 day timeframe from date of hire. "

Class

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to ensure a safe, sanitary living environment for all residents residing in the facility.
The findings include:
a) On at 9:00 AM, a brief tour was completed with Front End Supervisor. Front End Supervisor states , " Care Staff takes care of housekeeping when we are not caring for residents; we have no separate housekeeping staff. Vacuuming is done every day. "
The following issues are noted based on tour:
- broken ceramic toilet paper holder.
- light brownish matter splattered on wall beside bed
- missing outlet covers (supervisor states this was done to prepare for painting the walls), smell of , and brown substance smeared in straight line along a section of baseboard behind back side of bed, under window.

b) On at 10:15 AM, representatives from the Martin County Department of Health arrived at the facility to conduct an inspection regarding safety and sanitary environment of the facility . A detailed inspection of resident and was conducted by the DOH representatives. Review of the report revealed the facility received an unsatisfactory inspection with violations in the following areas (as noted on the report): sanitary facilities and sanitary facilities and cleaning/odors. Photographic evidence obtained. The following is excerpt from the Unsatisfactory DOH report received on
" The findings in support the complainant's allegation but are somewhat suspicious. HOWEVER whether or not the feces smeared on the wall were placed there by one or more of these disgruntled employees, the fact remains that the facility was unaware of the situation which calls into question the adequacy of cleaning. Additionally, staff showed no understanding of the need to surfaces soiled with feces, especially toilet areas, and no understanding of the need to sanitize areas, such as dining , but are using a general cleaner for everything. [The Administrator] further explained that the facility has no designated housekeeping staff.

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0152 Continued From page 2

Instead, caregiving staff are expected to do the housekeeping. Although FDOH has no authority to require the facility to maintain a housekeeping staff, it is STRONGLY RECOMMENDED to do so and to implement a schedule for regular cleaning of the facility. Improper and/or inadequate housekeeping can contribute to the spread of

Administrator and Supervisor were unaware of the environmental issues at the time of inspection. On at approximately 11:00 AM, the Administrator states upon seeing the feces found in " The Resident would not have done this ... he could not have pulled the bed out , wiped the feces along the baseboard like that, and then moved the bed back into place. "
The administrator did acknowledge the need for additional housekeeping staff.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Amore' At Kanner Highway Llc
1634 S. Kanner Hwy.
Stuart, FL 34994

RE: CCR #2015004872

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2015 and , 2015 by a representative from 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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