STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967818	06/30/2015
NAME OF PROVIDER OR SUPPLIER SINCERITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2853 ABINGTON AVENUE ORLANDO, FL 32826	

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

0000 Initial Comments

The biennial re-licensure survey was conducted on . . . . Sincerity had deficiencies found at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview the facility failed to ensure the use of physical restrains was limited to half-bed rails only for 1 of 2 sampled residents.
Findings:
Observations during the facility tour on . . at approximately 12:15 PM noted resident #2 was in bed with full rails in place. She was . . . . Staff #A identified her as being under the care of hospice.
Record review for resident # 2 revealed she was admitted to hospice on . . Continued review revealed the healthcare provider's order for the use of half-bed rails was dated . . .
In a telephone interview with the administrator on . . at approximately 12:30 PM who stated that hospice delivered the hospital bed with the full rails.
Class III

0083 Training - First Aid and . .

Based on record review and interview the facility failed to ensure a staff member who had completed courses in First Aid and . . . . and held a currently valid card documenting completion of such courses was in the facility at all times.
Findings:
Observations during the facility entrance on . . . at approximately 9 AM, Staff #A stated she was alone with 4 residents.
In a telephone interview with the administrator on . . . at approximately 9 AM who stated personnel records were locked in her office and no one had access to the office.
In an interview with staff #A on . . . at approximately 10 AM , who stated she has worked in the facility since . . . . 2014 and had . . . . and First Aid training but she did not have the cards with her.
Class III

0093 Food Service - Dietary Standards

Based on interviews the facility failed to ensure that a 3-day supply of nonperishable food, that included water, based on the number of weekly meals the facility had contracted with residents to serve, was on hand at all times.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings:
In an interview with staff #A on , at approximately 11:30 AM, who stated the emergency food supply was locked away in the administrator's office and she did not have the key.
In a telephone interview with the administrator on , at approximately 11:30 AM who stated that the emergency food supply was locked in her office and as she stated before no one else had access.
Class III

0161 Records - Staff

Based on observations and interview the administrator failed to have all personnel records available for review.
Findings:
In a telephone interview with the administrator on , at approximately 9 AM who stated the personnel records were locked in her office. The Agency representative informed her that she would be cited for not having the records available. She replied "Do you want me to break the lock or break the door down?" The Agency representative replied she did not have the authority to ask her to do that, but the personnel records needed to be available.
Class III

0162 Records - Resident

Based on observations, record review and interview the facility failed to maintain resident contracts for 2 of 2 sampled residents (#1 & #4).
Findings:
In a telephone interview with the administrator on , at approximately 9 AM who stated that the resident contracts were locked in her office and no had access to the office. The Agency representative informed her that she would be cited for not having the records available. She replied "Do you want me to break the lock or break the door down?" The Agency representative replied that she could not direct her to do that. However, resident contracts needed to be made available for review.
Class III

Z815 Background Screening: Prohibited Offenses

Based on observations and record review and interviews the facility failed to ensure 1 of 2 staff (#A), whom was in a role that required a background screening, did not have any disqualifying offenses and allowed the staff to work before the screening was completed.
Findings:
Observations during the facility entrance on , at approximately 9 AM, Staff #A stated she was alone with 4 residents.

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

In a telephone interview with the administrator on [redacted] at approximately 9 AM who stated that personnel records were locked in her office and no one but she else had access to the office as that was confidential information.
Staff #A pointed to the closed door at the end of the hallway.
In an interview with staff #A on [redacted] at approximately 10 AM, who stated she has worked in the facility since [redacted] 2014 and she had a background screening.
The Agency background screening website indicated on [redacted] that staff #A had a screening done in [redacted] 2014 and was "in process".
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sincerity
2853 Abington Avenue
Orlando, FL 32826

RE: Relicensure

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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida