AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965343	07/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN MANOR OF CLEARWATER, INC	**1845 N. KEENE ROAD CLEARWATER, FL 33755**

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

0000 Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted in conjunction with a complaint survey, CCR# 2015004686, on .

Christian Manor of Clearwater, assisted living facility, had deficiencies at the time of the visit.

0078 Staffing Standards - Staff

Based on interview and record review the facility failed to have documentation that three (A, B, C) of 3 staff persons had statement from a health care provider verifying they are free from the signs and symptoms of communicable including (.)

Findings include:

A staff record review was conducted at 11:30 a.m. on . Per interview with the Administrator on at 10:00 a.m., the Administrator stated at 10:00 a.m. that all required documentation was in the employee records. The record review revealed that staff A hired on and staff B hired on did not have a statement from a health care provider completed within 30 days of hire verifying they are free from the signs and symptoms of communicable or a negative ( ) test.
Staff person A hired on also did not have the free from signs and symptoms of communicable statement in her record and no annual negative test was found.
An interview was conducted with staff person B at 1:45 a.m. who confirmed she had not had a test or seen a health care provider to obtain a health examination since the date she was hired ( ). "I haven't had the test in a long, long time. I had one done a few years ago when I worked in a nursing home."
The administrator was contacted by a return phone call at 1:10 p.m. on and advised of the results. She stated "I will have someone help me with this. I will get all of this corrected."
CLASS III

0081 Training - Staff In-Service

Based on interview and record review the facility failed to have documentation that two (B, C) of 3 staff persons had documentation of having completed required training prior to and within 30 days of employment.

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Findings include:

A staff record review was conducted at 11:30 a.m. on . Per interview with the Administrator on at 10:00 a.m., the Administrator stated at 10:00 a.m. that all required documentation was in the employee records. The record review revealed that staff person B hired on and staff person C hired on did not have any documentation that training had been provided and completed as required:

1) A minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures before providing personal care to residents.

2) A minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
4. Resident rights in an assisted living facility.
5. Recognizing and reporting resident , neglect, and
6. Elopement response training including policies and procedures

3) 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.

The administrator was contacted by a return phone call at 1:10 p.m. on and advised of the results. She stated "I will have someone help me with this. I will get all of this corrected."
CLASS III

0082 Training -

Based on interview and record review the facility failed to have documentation that two (B, C) of 3 staff persons had documentation of having completed required ( ) and ( ) training prior to and/or within 30 days of employment.

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Findings include:

A staff record review was conducted at 11:30 a.m. on . Per interview with the Administrator on at 10:00 a.m., the Administrator stated at 10:00 a.m. that all required documentation was in the employee records. The record review revealed that staff person B hired on and staff person C hired on did not have any documentation of having completed a one-time education course on / prior to or within 30 days after the date of hire.

The administrator was contacted by a return phone call at 1:10 p.m. on and advised of the results. She stated "I will have someone help me with this. I will get all of this corrected."

CLASS III

0083 Training - First Aid and

Based on interview and record review the facility failed to have documentation that two (B, C) of 3 staff persons had documentation of having completed required First Aid and ( ) training prior to and/or within 30 days of employment and had a valid card documenting the completion of the course.

Findings include:

A staff record review was conducted at 11:30 a.m. on . Per interview with the Administrator on at 10:00 a.m., the Administrator stated at 10:00 a.m. that all required documentation was in the employee records. The record review revealed that staff person B hired on did not have a copy of a valid First Aid and card verifying the completion of training.

An interview was conducted with staff person B who stated "I gave her (the administrator) my cards to copy. I don't know why it's not in my file. I don't have the cards with me...they are at home."

The administrator was contacted by a return phone call at 1:10 p.m. on and advised of the results. She stated "I will have someone help me with this. I will get all of this corrected."

CLASS III

AGENCY FOR HEALTH CARE ADMINISTRATION

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SUMMARY STATEMENT OF DEFICIENCIES
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0090 Training -

Based on interview and record review the facility failed to have documentation that one (C) of 3 staff persons had documentation of having completed ( ) training within 30 days of employment.

Findings include:

A staff record review was conducted at 11:30 a.m. on . Per interview with the Administrator on at 10:00 a.m., the Administrator stated at 10:00 a.m. that all required documentation was in the employee records. The record review revealed that staff person C hired on did not have any documentation of having at least one hour of training in the facility's policy and procedures regarding 's within 30 days of employment.

The administrator was contacted by a return phone call at 1:10 p.m. on and advised of the results. She stated "I will have someone help me with this. I will get all of this corrected."

CLASS III

Z815 Background Screening: Prohibited Offenses

Based on interview and record review the facility failed to have proof of eligible employment status in completing Level II background screenings for two (B, C) of 3 staff person. Failure to ensure residents receive care and services safely, securely and from persons who have not committed offenses that preclude them from employment directly placed the residents at risk for exposure to persons whom the Florida Legislature has deemed inappropriate to provide care or services.

Findings include:

A staff record review was conducted at 11:30 a.m. on . Per interview with the Administrator on at 10:00 a.m., the Administrator stated at 10:00 a.m. that all required documentation was in the employee records. The record review revealed that neither caregiver staff person B hired on / and caregiver staff person C hired on staff person had a copy of a level II background screening result in their record. A review of the Agency background screening website revealed the following:

- Caregiver staff person B hired on / was observed as the sole provider of care to 7 residents

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from 11:00 a.m. to 12:30 p.m. She was observed assisting 2 of 7 census residents to the assisting these residents in transferring from chair to walker and/or wheelchair. This caregiver was also observed preparing and serving breakfast and lunch for all 7 residents. This caregiver had no Agency background screening results found during a search on the Agency background screening website. Multiple attempts resulted in a repeated message stating "No records found matching the given criteria." The staff person was interviewed at 12:15 p.m. She stated "I don't know what's wrong because she (the administrator) had me go for my fingerprints before I started working. I don't understand this. I will go back to the place I had the fingerprints done and ask them about it." This staff person confirmed her Social Security Number and dates of birth were correctly input to the search on the website.
- A review of the staffing schedule listed Staff person C hired on . Per the schedule and the caregiver on duty, caregiver staff person C worked various shifts providing care to the 7 facility residents. Caregiver staff person B stated "I think she works in the evenings. She comes in when I leave." Caregiver staff person C had a "Not eligible" result on the determination line of the Level II background screening. A further notation stated "A new screening is required." A summary screen notation documented "Screening received date and Screening completion date" as .
The administrator was contacted by a return phone call at 1:10 p.m. on and advised of the results. She stated "I will have someone help me with this. I will get all of this corrected."

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Christian Manor of Clearwater, Inc.
1845 N. Keene Road
Clearwater, FL 33755

RE: Biennial survey & **CCR# 2015004686**

Dear Administrator:

This letter reports the findings of a biennial state licensure survey and a complaint survey that was conducted on , 2015, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified on the complaint survey and the deficiencies that were identified relative to the biennial survey. 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.

St. Petersburg Field Office
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Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms (5000-3547)