STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910320	08/12/2015
NAME OF PROVIDER OR SUPPLIER **GOLDEN RETREAT SHELTER CARE CE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4410 MONCRIEF RD. W.** **JACKSONVILLE, FL 32209**	

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

0000 Initial Comments

A biennial licensure with Limited Mental Health survey was conducted on . Golden Retreat Shelter Care Center had Licensure deficiencies found at the time of the visit.

0078 Staffing Standards - Staff

Based on record review and staff interview, the facility failed to ensure that within 30 days of hire, a staff member submitted a statement from a health care provider documenting that the staff member was free from communicable , including ( ), and that freedom from was documented annually for three of four sampled employees. (Employees B, C and D)

The findings included:

An review of the personnel files for Employees B, C and D revealed that Employee B was hired on , Employee C was hired on , and Employee D was hired on . There was no documentation of freedom from communicable in either Employee B's or Employee C's personnel file, and there was no documentation of current testing for Employee D. Her most recent test had been completed on . (photographic evidence obtained)

An / interview with the Administrator at approximately 2:00 PM confirmed that the required documentation was missing. She was unable to explain why it was missing.

Class III

0081 Training - Staff In-Service

Based on record review and staff interview, the facility failed to maintain appropriate documentation of the completion of required staff education for three of four sampled employees. (Employees A, B and C)

The findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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An review of the personnel files for Employees A, B and C revealed that the certificates related to training in emergency preparedness and evacuation, and nutrition and safe food handling were not available for review. Employees B and C were also missing documentation of elopement training.

An / review of the employee personnel files for Employees A, B and C revealed the following dates of hire:
Employee A - //
Employee B -
Employee C - /

An / interview with the Administrator at approximately 2:00 PM revealed that she was unaware of the missing training documentation.

Class III

0090 Training -

Based on record review and staff interview, the facility failed to maintain documentation of the completion of training in the facility's policies and procedures regarding ( ) for three of four sampled employees. (Employees A, B and C)

The findings included:

An / review of the employee personnel files revealed that the certificates related to training for Employees A, B and C were not available for review.

Employee A had a hire date of /
Employee B had a hire date of /
Employee C had a hire date of

During an interview with the Administrator at approximately 2:00 PM, she was unable to explain why the training was missing.

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Class III

0091 Training - Documentation & Monitoring

Based on record review and staff interview, the facility failed to ensure that certificates of required employee training included the number of hours of the training program for four of four sampled employee files. (Employees A, B, C and D)

The findings included:

An review of the personnel files for Employees A, B and C revealed that required training certificates were missing the number of training hours provided as follows for all three employees:

The certificates related to activities of daily living (ADL's) and behavioral needs training, reporting adverse incidents, resident rights, and recognizing and reporting , neglect and were all missing the number of training hours received. For Employees A and D who had completed Limited Mental Health (LMH) training, the training certificates did not list the training hours received. (photographic evidence obtained)

An / interview with the Administrator at approximately 2:00 PM confirmed that the number of training hours were missing from the certificates. She stated that she would ensure that the matter was addressed promptly.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation, staff interview and record review the facility failed to maintain a safe living environment for 82 residents out of 82 residents.

The findings include:

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

A tour of the facility was conducted as part of the biennial re-licensure survey on . At 9:25 am a live cock roach was observed to be crawling on the wall and frame of the in the hallway near # on the North Wing of the Facility. A live cock roach was observed to be crawling on the wall in the women ' s the South Wing of the facility. A small live cock roach was observed on the North Wing in the to # at 3:55 pm (Photographic evidence obtained).

The bathtubs in all the of the facility were observed to be peeling on the bottom. The sinks in two of the were peeling and the faucets were not sealed and caulked to the vanity (Photographic evidence obtained).

An interview with the administrator on at 1:15pm revealed she stated that the maintenance man sprays the facility every quarter. She stated that the residents bring food into their and it is an ongoing problem. She stated that the facility administration has discussed replacing the bathtubs and sinks in the but there is no written plan to do so. She stated they know they need to be replaced and as soon as the facility can afford it they will do it.

During a second interview with the administrator on at 1:35 pm she produced a piece of paper dated , 2015 that had been typed up that read: Plan for new sinks/tubs. As of 2016 Golden Retreat will allocate funds in the 2016 budget to purchase new sinks and tubs. The new sinks and tubs project will be completed approximately by the 1st quarter of 2016. She stated that this was the facility ' s plan. She also produced the log of pest control maintenance that the maintenance man keeps for when the facility is treated for pest. It showed that he had sprayed the facility , 2015, , 2015 and , 2015. He had not treated the facility since , 2015.

Interview with the Marketing Director on at 3:45 pm revealed she stated the cock roach problem is ongoing because the residents go through the garbage and dumpsters and bring food back into the building into their . She stated that the pest control program could be done monthly instead of quarterly to see if that would alleviate the problem.

Class III

0160 Records - Facility

Based on record review and staff interview, the facility failed to maintain an admission and discharge log with up-to-date information regarding reason for discharge and address of facility or home to which the resident was discharged.

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings include:

A review of the admission and discharge log revealed it is not complete with information about where the resident was discharged to or the reason for the discharge.

An interview with the Marketing Director on at 3:30 pm revealed she thought the admission discharge log was filled out completely. She stated she understood that each section needs to have written documentation in it.

Class III

0161 Records - Staff

Based on employee record review and staff interview, the facility failed to ensure that each employee's personnel file included a specific job description for two of four sampled employees. (Employees A and D)

The findings included:

During a biennial licensure survey of this 92-bed facility conducted on , an employee record review was conducted for Employees A and D. No job descriptions were located in either file.

During an 15 interview with the Assistant Administrator/Marketing Director at approximately 2:15 p.m., she acknowledged that each employee should have a job description in their file, but was unable to explain why Employees A and D did not.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and staff interview, the facility failed to file and maintain an adverse incident report related to resident elopement for one of three sampled residents. (Resident #11)

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings included:

An review of the facility elopement drills revealed that Resident #11 had actually eloped and the facility had reported the incident to law enforcement on . Resident #11's case manager was also notified according to documentation. (photographic evidence obtained)

An / interview with the Assistant Administrator/Marketing Director and the Administrator at 11:15 a.m. confirmed that this incident had not been reported to the Agency for Health Care Administration (AHCA). The Administrator stated that she was unaware that she had to report the incident to AHCA, and the Assistant Administrator stated that they believed that they only had to report the missing person to law enforcement. The Assistant Administrator confirmed that this resident had been located and was back in the facility.

An / interview with Employee A (Med Tech) at 11:51 a.m. revealed that the facility had no sign-in or sign-out log for residents who intended to leave the property for work, to go shopping, or to visit friends. When asked, Employee A stated that the employees knew their residents' habits, and that's how they kept track of their whereabouts.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Golden Retreat Shelter Care Center
4410 Moncrief Rd. W.
Jacksonville, FL 32209

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Mental Health survey that was conducted on , 2015 by representatives 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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor

JD/JM/sm
Enclosure
XG90

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