RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Residences
2300 S.W. 21st Circle
Ocala, FL 34471

Dear Administrator:

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

Enclosed 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 this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965252	07/28/2015
NAME OF PROVIDER OR SUPPLIER [redacted] RESIDENCES	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 S.W. 21ST CIRCLE OCALA, FL 34471	

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

0000 Initial Comments

An unannounced Biennial, Extended Congregate Care Services, and Limited Nursing Services monitoring survey was conducted at Residence at Cala Hills in Ocala, Florida on , 2015 through , 2015. Licensure deficiencies were identified as a result of the survey.

0091 Training - Documentation & Monitoring

Based on interview and record review the facility failed to document the number of hours for required training on a certificate in 1 (Staff A) of 3 personnel files reviewed.

Findings:

A record review of Staff A's personnel record revealed no certifcate of training, including documentation of the number of hours, for the required Elopement response training.

An interview conducted with the Administrative Assistant on at 9:30 AM stated she does not know why there is not a certificate.

Class III

0092 Food Service - General Responsibilities

Based on observation, interview and record review, the facility failed follow their policy and procedure for to ensure that food service was provided in a sanitary manner.

Findings:

1. An observation of dining service for the lunch meal in Neighborhood 1 was done on at 12:17 PM. The Resident Assistant ( ) (Staff D) was observed serving resident meals from a food cart to the tables. Staff D was observed wearing gloves. She left the kitchen area to go talk to a resident. She was observed to take her gloves off. When she returned to the kitchen area she put on new gloves. It was observed that she did not wash her hands. The continued to serve resident meals handling the plates and plate covers. She was then observed to take a basket off the kitchen counter and serve rolls with her gloved hands.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965252	07/28/2015
NAME OF PROVIDER OR SUPPLIER **RESIDENCES**	STREET ADDRESS, CITY, STATE, ZIP CODE **2300 S.W. 21ST CIRCLE OCALA, FL 34471**	

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

An interview was conducted with Staff D on at 1:21 PM. She stated that normally the kitchen would put something in the basket to serve the rolls with, but today there wasn't any. She further stated that normally she washes her hands between glove changes but I guess I was nervous today. She also stated that when she leaves the kitchen area I normally wash my hands when I come back, but today I didn't.

An interview was conducted with the Administrator on at 12:10 PM. He stated that we let our staff member down by not making sure that there was a tong in the bread basket.

A record review of the personnel record for Staff D revealed that she received 1 hour of training in Food Safety on

A review of the Dining Services Hanwashing and Glove Use Policy #2.06 effective 2010 states: Hand Washing. #2. Hands must be washed prior to beginning work, after using the , after smoking, when working with different food substances i.e. raw chicken to fresh fruit, following contact with any unsanitary surface. Gloves. #2. When gloves are used, hand washing must occur per above procedure prior to putting on gloves and whenever gloves are changed. Gloves must be changed as often as hands need to be washed. Gloves are used for one task only.

2. An observation of the Food Service Designee, Staff E on at 11:50 AM revealed that he was wearing gloves while serving food. He was observed to touch the counter next the the steam table, then handle food (sliced potatoes) with same gloved hands. He was also observed to move the meat (pork loin) around on the plate with the same gloved hands. He was then observed to take of his gloves off and put on another pair of gloves without washing his hands.

An interview was conducted with the Food Service Designee, Staff E on at 11:55 AM. He stated that he did not want to use tongs because the food would apart. He stated that he didn't even think about the fact that he was touching the food.

An interview was conducted with the Administrator on at 12:10 PM. He stated that Staff E should not have touched food with his gloved hands after he touched the counter.

A record review of the personnel record for Staff F revealed that he received 1 hour of training in Food Safety on

A review of the Dining Services Hanwashing and Glove Use Policy #2.06 effective 2010 states: Hand Washing. #2. Hands must be washed prior to beginning work, after using the , after

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965252	07/28/2015
NAME OF PROVIDER OR SUPPLIER [redacted] RESIDENCES	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 S.W. 21ST CIRCLE OCALA, FL 34471	

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

smoking, when working with different food substances i.e. raw chicken to fresh fruit, following contact with any unsanitary surface. Gloves. #2. When gloves are used, hand washing must occur per above procedure prior to putting on gloves and whenever gloves are changed. Gloves must be changed as often as hands need to be washed. Gloves are used for one task only.
Class III

Z815 Background Screening: Prohibited Offenses

Based on interview and record review, the facility failed to do a Level II background screening on staff that provide personal care and services to residents in 1 (Staff B) of 3 staff members reviewed. Findings:

A review of the personnel record for Staff B revealed she was hired on [redacted] as a Resident Assistant ([redacted]). Further review of the record revealed documentation that the Level II background screening had eligibility dates of [redacted], 8 months prior to date of employment. Previous employment as a [redacted] was documented from [redacted] to [redacted]. Review of Staff B's personnel record shows that there is more than a 90 day break in service.

An interview was conducted with the Administrative Assistant on [redacted] at 10:00 AM. She stated that she did not know that there could be no more than a 90 day break in service. She further stated that she assumed if they had a background screening is was good for 5 years.

An interview was conducted with the Administrator on [redacted] at 10:00 AM. He confirmed that the employee record revealed there was more than a 90 day break in service since Staff B's last known position requiring a Level II screening.

Unclassified