AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965745	09/02/2015
NAME OF PROVIDER OR SUPPLIER **MARANATHA MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **54 MARANATHA BLVD.** **SEBRING, FL 33870**	

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

0000 Initial Comments

Assisted Living Facility

An abbreviated biennial licensure survey was conducted on .

The Maranatha Manor assisted living facility had deficiencies found at the time of the visit.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have documentation signed by a health care provider which stated they were free of any signs or symptoms of communicable ..... for 3 (#A, #B, & #C) of 3 direct care staff sampled for communicable statements and there was no documentation stating the ..... examination had been done annually for 1 (#B) of 3 direct care staff sampled for examinations.

Findings include:

Record review on of staff #A, #B and #C's personnel files revealed there was no documentation signed by a health care provider which stated they were free of any signs or symptoms of communicable .....

Record review on of staff #B's personnel file revealed there was no documentation stating the examination had been done annually.

When interviewed on .../.. at 1:15 p.m., the administrator verified the documentation for communicable ..... for staff #A, #B & #C and the ..... examination for staff #B was not in their personnel files.

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to provide certificates for any training which is required by rule (58A-5.019 (12) F.A.C. for 3 (#A, #B, & #C) of 3 direct staff sampled for certificates of training.

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Findings include:

Record review on / / of staff #A's personnel file revealed an orientation sheet which stated the following trainings had been completed on which was staff #A's date of hire: / , facility's elopement policies and procedures, emergency preparedness and evacuation training, incident reporting, recognizing and reporting , and safe food handling. Upon successful completion of training, the training provider must issue a certificate which includes the title of the training program; the subject matter of the training program;the training program agenda; the number of hours of the training program; the trainee's name, dates of participation, and location of the training program and the training provider's name, dated signature and credentials, and professional license number, if applicable and place it in staff #A's personnel file.. There were no certificates in staff #A's personnel file documenting successful completion of the required trainings.

Record review on / / of staff #B's personnel file revealed an orientation sheet which stated the following trainings had been completed on which was staff #B's date of hire: / , facility's elopement policies and procedures, emergency preparedness and evacuation training, incident reporting, recognizing and reporting , residents rights, and safe food handling. Upon successful completion of training, the training provider must issue a certificate which includes the title of the training program; the subject matter of the training program;the training program agenda; the number of hours of the training program; the trainee's name, dates of participation, and location of the training program and
the training provider's name, dated signature and credentials, and professional license number, if applicable and place it in staff #B's personnel file.. There were no certificates in staff #B's personnel file documenting successful completion of the required trainings.

Record review on / / of staff #C's personnel file revealed an orientation sheet which stated the following trainings had been completed on which was staff #C's date of hire: control, activities of daily living and resident behavior, / , facility's elopement policies and procedures, emergency preparedness and evacuation training, incident reporting, recognizing and reporting , resident rights, and safe food handling. Upon successful completion of training, the training provider must issue a certificate which includes the title of the training program; the subject matter of the training program;the training program agenda; the number of hours of the training program; the trainee's name, dates of participation, and location of the training program and the training provider's name, dated signature and credentials, and professional license number, if applicable and place it in staff #C's personnel file. There were no certificates in staff #C's personnel file documenting successful completion of the required trainings.

AGENCY FOR HEALTH CARE ADMINISTRATION

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When interviewed on at 1:00 p.m. the administrator stated all of the required training had been done but she had not followed up with certificates. She stated she thought the orientation sheet was enough to document the trainings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Maranatha Manor
54 Maranatha Blvd.
Sebring, FL 33870

Dear Administrator:

This letter reports the findings of a abbreviated biennial 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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