STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966105	09/18/2015
NAME OF PROVIDER OR SUPPLIER **HIDDEN PINES A.L.F., INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **16242 SYCAMORE DRIVE E** **LOXAHATCHEE, FL 33470**	

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

0000 Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on 9/18/15 at Hidden Pines ALF. The facility had deficiencies found at the time of the visit.

0078 Staffing Standards - Staff

Based on employee record review and staff interview, the facility failed to ensure staff provide a written statement from a health care provider within 30 days of hire that staff does not have any signs or symptoms of a communicable ,including for 1 of 3 staff reviewed (Employee A).

The findings include:

On , Employee A was observed performing housekeeping duties at the facility.
On at approximately 10:00 AM, the administrator was asked for Employee A's personnel file. The administrator replied, "I do not have a file for her. She only comes to help with the cleaning." The administrator could not provide a date of hire for Employee A, but stated, "She has worked here a long time." At this time, the administrator was informed all staff were required to submit statement from a licensed health care provider documenting freedom from communicable , including ; in addition, a negative exam had to be provided to the facility on an annual basis.
The administrator stated she was unable to provide any evidence showing Employee A had received a statement from a licensed health care provider that she was free from communicable , including .

Class III

0081 Training - Staff In-Service

Based on employee record review and staff interview, the facility failed to ensure all facility staff received in-service training regarding the facility's elopement response policies and procedures within 30 days of employment for, 1 of 2 employees reviewed (Employee A)

The findings include:

1) On , Employee A was observed performing housekeeping duties at the facility.
On at approximately 10:00 AM, the administrator was asked for Employee A's personnel file. The administrator replied, "I do not have a file for her. She only comes to help with the cleaning." The

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administrator could not provide a date of hire for Employee A, but stated, "She has worked here a long time."
At this time, the administrator was informed all facility staff were required to receive training regarding the facility's elopement response policies and procedures. The administrator admitted she was unaware of the need for cleaning staff to receive in-service trainings, and she confirmed Employee A had not received the required training on the facility's elopement policies and procedures.

Class III

0082 Training - / .

Based on employee record review and staff interview, the facility failed to ensure all facility staff received a one-time education course on and within 30 days of employment, for 1 of 2 employees reviewed (Employee A)

The findings include:

On at approximately 10:00 AM, the administrator was asked for Employee A's personnel file. The administrator replied, "I do not have a file for her. She only comes to help with the cleaning." The administrator could not provide a date of hire for Employee A, but stated, "She has worked here a long time."
At this time, the administrator was informed all facility staff were required to receive a one-time education course on / . The administrator admitted she was unaware of the need for cleaning staff to receive in-service trainings, and she confirmed Employee A had not received the required training on / .

Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, record review and staff interview, the facility failed to ensure a facility employee who has access to residents' personal property and living areas has a level II background screening showing employment eligibility for 1 of 3 employees (Employees A).

The finding include:

On from 8:45 AM until 1:45 PM, Employee A was observed performing housekeeping duties at the facility. During this time, Employee A was seen entering the resident's living areas ( )

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

where residents keep their personal property.

On 9/18/15 at approximately 10:00 AM, the administrator was asked for Employee A's personnel file. The administrator replied, "I do not have a file for her. She only comes to help with the cleaning." The administrator could not provide a date of hire for Employee A, but stated, "She has worked here a long time."
The administrator was asked if a Level II Background Screening (BGS) was conducted on Employee A, and she replied, "I think one was done a long time ago. I don't know if it's still good." No documentation showing eligibility results of a BGS was provided to this surveyor.

On , at approximately 11:45 PM, a search of the BGS Unit's website was conducted for background screening results for Employee A; no results were found.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Hidden Pines A.L.F., Inc.
16242 Sycamore Drive E
Loxahatchee, FL 33470

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on , 2015 by a representative 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 11, 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 representative. Should you have any questions please call this office at 561 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

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