STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963853	10/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN MANOR RETIREMENT HOME	3297 S.R. 580 SAFETY HARBOR, FL 34695

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

0000 Initial Comments

ASSISTED LIVING FACILITY

A complaint survey (CCR2015010076) was conducted at Evergreen Manor Retirement Home on / .

Evergreen Manor Retirement Home had a deficiency at the time of the survey.

0081 Training - Staff In-Service

Based on interview and record review, the facility failed to provide proof of in-service training, conducted within 30 days of employment, covering the facility ' s emergency evacuation procedures (Emergency Evacuation Training) for 3 (Staff A,B and C) of 3 employee records reviewed.

Findings include:

Employee records were reviewed on / for Staff A, B and C. All 3 staff members provide direct care to the facility ' s residents.

A review of Staff A ' s record shows a date of hire of , Staff B ' s record shows a date of hire of , and Staff C ' s record shows a date of hire as . A further review revealed that Staff A ' s, Staff B ' s, and Staff C ' s records did not contain proof of Emergency Evacuation Training as is required within 30 days of employment.

The facility administrator was interviewed and informed that training certificates were not present in Staff A ' s, B ' s, or C ' s files. The administrator reviewed the employees ' records and searched other facility training binders. At approximately 12:00 P.M., the administrator stated that she couldn ' t locate the Emergency Evacuation Training certificates for Staff A, Staff B, and Staff C.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Evergreen Manor Retirement Home
3297 S.R. 580
Safety Harbor, FL 34695

RE: CCR #2015010076

Dear Administrator:

This letter reports the findings of a 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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

PRC/clt
Enclosure State (5000-3547) Form