STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED
	AL11943002	11/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUARDIAN HOME ALF, LLC	431 E. AIRPORT BLVD. SANFORD, FL 32773

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

0000 Initial Comments

Relicensure survey with Limited Nursing Services (LNS) was conducted on / / Guardian Home ALF, LLC had deficiencies at the time of the visit.

0078 Staffing Standards - Staff

Based on personnel record review and interview, the facility failed to confirm staff that completed a ( ) examination annually (administrator, C & D), and one time written statement by a health care provider documenting staff was free of communicable (B).

Findings:

1. The administrator's personnel file did not contain an annual test for 2015.

2. Staff C's personnel file did not contain an annual test for 2015. Staff C's date of hire was /

3. Staff B's personnel file did not contain a one time free of communicable statement within 6 months prior to hire or within 30 days of hire documented by a health care provider. Staff B's date of hire was /

4. Staff C's personnel file did not contain a one time free of communicable statement within 6 months prior to hire or within 30 days of hire documented by a health care provider. Staff C's date of hire was /

On / / at 4:30 PM, the administrator confirmed the findings.

5. Staff D's personnel file did not contain documentation of annual testing.

On / / at approximately 4:30 PM, the administrator stated she did not have documentation from staff D that she had her annual assessment.

Class III

N277 LNS - Resident Care Standards

Based on record review and interview, the facility failed to ensure a nurse was available to provide Limited Nursing Services (LNS).

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Findings:

During the entrance conference on / / at approximately 10 AM, the administrator identified staff D as the LNS nurse.

Staff D's personnel file indicated she was employed as the registered nurse responsible for LNS.

On / / at approximately 3:45 PM, a phone interview with staff D was attempted but the nurse was not available. A message was left to return the call. The call was not returned.

On / / at approximately 4 PM, a phone interview with the facility office staff indicated the facility had been unable to contact the LNS nurse.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_ _ _ _ _ _ _ _ _, 2015

Administrator
Guardian Home Alf, Llc
431 E. Airport Blvd.
Sanford, FL 32773

RE: Relicensure w/LNS

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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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