STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953250	11/17/2015
NAME OF PROVIDER OR SUPPLIER **HOMESTEAD RETIREMENT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1117 MASSACHUSETTS AVENUE** **SAINT CLOUD, FL 34769**	

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

0000 Initial Comments

On / / a biennial relicensure survey was conducted at Homestead Retirement . Deficient was identified during the survey.

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to ensure that freedom from ( ) was documented yearly for 1 of 4 sampled staff (#D).
Findings:
Personnel record review for staff # D revealed she was hired . Continued review revealed a test result dated / . Continued review revealed no evidence to confirm freedom from yearly (due /).
In an interview with the manager on / / at approximately 3:30 PM, who stated she was unable to locate a test result for 2015.
Class III

0079 Staffing Standards - Levels

Based on facility record review and interview the facility failed to maintain the minimum staffing hours weekly.

Findings:

In an interview on / at 9 AM with the manager who stated the facility census was 40 residents.

Review of the staff schedule for the week of / to / and a census of 40 residents. Based on a census of 40 residents the facility needed a total of 335 staffing hours weekly. Continued review of the schedule revealed the facility only had 240 hours.

In an interview with the manager on / at 3 PM who stated the owner was listed on the schedule, the housekeeper and the cook. The owner was out of the country. The cook and the housekeeper did not provide personal care to the residents. She did not realize that the facility's staffing hours were short.

Class III

0093 Food Service - Dietary Standards

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on observation and interview, the facility failed to have a 3-day supply of water sufficient for the residents to drink in the event of an emergency.
Findings:
Observation on / / approximately 12:30 PM, revealed the facility had 50 collapsible containers that would hold 5 gallons of water each. The facility census for the day was 40.
During an interview on / / at 1:00 PM with the dietary manager the plan for 2015 was not available for review. The dietary manager excplained that the administrator had the plan. Review of the 2014 plan did not include the use of collapsible contianers as part of the 3 day emergency food supply to obtain water.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Homestead Retirement
1117 Massachusetts Avenue
Saint Cloud, FL 34769

RE: Relicensure w/LMH

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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