STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964938	01/25/2016
NAME OF PROVIDER OR SUPPLIER **SELECT GROUP HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **4730 30TH STREET, W.** **BRADENTON, FL 34207**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

On , 2016 , a biennial re-licensure survey was conducted at Select Group Homes assisted living facility. Deficient practice was identified during the survey.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have personnel files which contained annual examination for four (#A,#B, #C & #D) of four direct care staff who were sampled for examinations.
The facility also failed to have a personal file which contained a written statement from a health care provider documenting that the direct care staff does not have any signs or symptoms of communicable for one (#B) of four direct care staff who were sampled for communicable .

Findings included:

Record review of staff #A's personnel file on / revealed the last examination was on on / . examinations must be done annually.

Record review of staff #B's personnel file on / revealed there was no documentation which stated she had completed a examination annually and there was no statement from a health care provider which stated she was free of any signs or symptoms of communicable .

Record review of staff #C's personnel file on / revealed the last examination was on on . examinations must be done annually. .

Record review of staff #D personnel file on / revealed the last examination was done on examinations must be done annually.

When interviewed on / / at 11:10 am., the administrator verified the required documentation for the annual examinations for staff #A, #B, #C & #D were not in their personnel files. Also the communicable statement for staff #C was not in her personnel file.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964938	01/25/2016
NAME OF PROVIDER OR SUPPLIER **SELECT GROUP HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **4730 30TH STREET, W.** **BRADENTON, FL 34207**	

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

0081 Training - Staff In-Service

Based on record review and interview,the facility failed to provide the following in-service training, 3 hours of in-service training within 30 days of employment that covers the following subjects: resident behavior and needs and providing assistance with the activities of daily living (ADL) for one (#A) of four direct care staff sampled for resident behavior and needs and providing assistance with the activities of daily living (ADL) trainings.
The facility failed to provide the following in-service training, a minimum of 1 hour in-service training within 30 days of employment that covers the following subject: facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation for one (#B) of four direct care staff who were reviewed for emergency procedures.

Findings included:

Record review on / / of staff #A's personnel file revealed the following in-services were missing: a minimum of 3 hours in-service training within 30 days of employment that covers the following subject: resident behavior and needs and providing assistance with the activities of daily living. Staff #A's was hired on / /.

Record review on / / of staff #B's personnel file revealed the following in-services were missing: a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Staff #C was hired on .

When interviewed on / / at 11:15 am., the administrator verified the required documentation regarding required in-service trainings for staff #A and staff #B were not in their personnel files.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, the facility failed to provide two hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility annually for three (#B, #C & #D)) of four direct care staff who were sampled for two hours of continuing education for medications.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964938	01/25/2016
NAME OF PROVIDER OR SUPPLIER **SELECT GROUP HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **4730 30TH STREET, W.** **BRADENTON, FL 34207**	

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

Record review on / / of staff #B's personnel file revealed she had taken the initial four hour training for providing assistance with self-administered medications on . She needed the two hour continuing education training on medication done by . There was no documentation in her personnel file which stated she had completed the training in 2015. The two hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility must be completed annually.

Record review on / / of staff #C's personnel file revealed she had taken the initial four hour training for providing assistance with self-administered medications on / . She needed the two hour continuing education training on medication done by / / . There was no documentation in her personnel file which stated she had completed the training in 2015.
The two hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility must be completed annually.

Record review on / / of staff #D's personnel file revealed she had taken the initial four hour training for providing assistance with self-administered medications on / . She needed the two hour continuing education training on medication done by / / . There was no documentation in her personnel file which stated she had completed the training in 2015. The two hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility must be completed annually

When interviewed on / at 11:15 am, the administrator verified the documentation which is to be completed annually for the two hours of continuing education regarding medication for staff #B, #C & #D was not in their personnel files.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Select Group Home
4730 30th Street, W.
Bradenton, FL 34207

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2016 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 , 2016.** 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

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