STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911165	02/23/2016
NAME OF PROVIDER OR SUPPLIER **RUSTIC RETREAT RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1120 NORTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435**	

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

0000 Initial Comments

An unannounced biennial Relicensure survey was conducted on 23, 2016 at Rustic Retreat Retirement Home. The facility had deficiencies at the time of the visit.

0086 Training - ADRD

Based on record review and an interview, the facility failed to ensure that 3 of 3 sampled staff (Staff A, B and C) who have regular contact with or provide direct care to residents with ADRD (and Related) in this facility that maintained a secured area had completed the required ADRD training.

The findings include:

The personnel files for Staff A, B and C were reviewed for training in ADRD and did not contain documentation of 4 hours of initial training in ADRD (Level I) dated within 3 months of hire, 4 hours of additional training in ADRD (Level II) within 9 months of hire, or 4 hours of 4 hours of annual update training in ADRD. The following training was documented and available for review:

1) Staff A (Date of Hire /)-No documentation of training available
2) Staff B (Date of Hire / /)-No documentation of training available
3) Staff C (Date of Hire /)-No documentation of training available

During interview with the Administrator at 3:15 PM on , she acknowledged the staff members did not have documentation ADRD training. During interview, she acknowledged that the facility was secured with a gate that could only be opened with a key. She stated "95% of residents have a key".

Class III

Z816 Background Screening-Compliance Attestation

Based on record review and interviews, the facility failed to ensure that 1 out of 3 sampled staff (Staff A) who provided direct care services for residents was in compliance with the Level II criminal background screening requirement.

The findings include:

The personnel file for Staff A was reviewed for documentation of compliance with the Level II criminal

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background screening requirement. There was documentation in her file of this screening dated . The Agency's background screening website also showed this screening date as the last screening completed.

Review of Staff A's employment application showed the date of hire at this ALF as / . Further review of Staff A's application showed prior employment with other entities. However, Staff A last employer listed on the application was documented with an end of employment date of 2014 with no month identified.

The Administrator and Staff A were interviewed at 2:45 PM on and both stated the employee had worked at another facility that required a Level II background screening prior to being hired and that she did not work for "6 months" before being hired at this ALF. Therefore, there was a 90 day break in service when the employee was not working before being hired at this facility. During an interview with the Administrator at 3:15 PM on , she stated that she was unable to show a new Level II criminal background screening had been completed for Staff A when she was hired.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Rustic Retreat Retirement Home
1120 North Federal Highway
Boynton Beach, FL 33435

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted on , 2016 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 17, 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

(561) 381-5940
Field Office Manager

AMD
Enclosure
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com