AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	03/29/2016
NAME OF PROVIDER OR SUPPLIER **FRESH WATER AT HUDSON**	STREET ADDRESS, CITY, STATE, ZIP CODE **14108 OLD DIXIE HIGHWAY** **HUDSON, FL 34667**	

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

0000 Initial Comments

Assisted Living Facility

On [redacted], 2016, a biennial relicensure survey was conducted at Fresh Water at Hudson. Fresh Water at Hudson, Assisted Living Facility, had deficiencies at the time of the visit.

0081 Training - Staff In-Service

Based on interview and record review, the facility failed to provide proof of required in-service training within 30 days of employment for 2 (Staff A and Staff B) of 3 employee records reviewed.

Findings included:

An employee record review was conducted on [redacted]. A review of Staff A ' s record showed a date of hire of [redacted] and that she provided direct care to residents. The record also showed a lack of training certificates in the subjects of [redacted] control, ADL and behavioral needs, elopement response training, emergency preparedness, incident reporting, resident rights/recognizing and reporting [redacted], neglect and [redacted], and nutritional and safe food handling.

A review of Staff B ' s record showed a date of hire of [redacted] and that she provided direct care to residents. Staff B ' s record also showed a lack of training certificates in the subjects of emergency preparedness and incident reporting.

An interview was conducted with the administrator at 3:30 PM on [redacted]. After reviewing the employee records for Staff A and Staff B for required training certificates, he stated that the certificates were not in the files.

Class III

0083 Training - First Aid and

Based on interview and record review, the facility failed to show proof of First Aid and [redacted] ( ) training for 2 (Staff A and Staff B) of 3 employee records reviewed.

Findings included:

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A review of Staff A ' s record showed a date of hire of / and that she worked the 6 PM-6 AM shift alone. Staff A ' s record showed a lack of a First Aid card indicating training in this area.

A review of Staff B ' s record showed a date of hire of . Staff B indicated that she worked the 6 PM- 6 AM shift at times alone. A review of Staff B ' s record showed a lack of a card indicating training in that area.

An interview was conducted with the administrator at 3:30 PM on concerning training requirements. The administrator reviewed Staff A and Staff B ' s records for proof of training in First Aid and and acknowledged the missing cards.

Class III

0086 Training - ADRD

Based on interview and record review, the facility failed to show proof of required training entitled ' s and Related Level II (ADRD II), within 9 months of employment, for 1 (Administrator) of 3 employee records reviewed.

Findings included:

A review of employee records was conducted on / . The Administrator indicated that he was hired on . A review of Administrator ' s record showed a lack of a training certificate for ADRD II. The facility is secured for resident safety.

The Administrator was interviewed at 3:30 PM on concerning training certificates in employee files. Administrator reviewed his record and acknowledged that there was no proof of ADRD II training and stated that he ' ll have to do that.

Class III

0093 Food Service - Dietary Standards

Based on interview and record review, the facility failed to maintain a file of dated menus served over the past 6 months.

Findings included:

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A dining and food service review was conducted on . The manager was asked to show the facility ' s file of dated menus for meals served over the last 6 months.

At 10:44 AM on , Staff B stated that the facility did not have menus that were dated.

The lack of a 6 month file of dated menus was discussed with the administrator at 4:46 PM on .

Class III

Z815 Background Screening: Prohibited Offenses

Based on interview and record review, the facility failed to ensure that one (Staff B) of three sampled staff that have direct contact with the residents received a Level II background screening.

Findings included:

An employee record review conducted on found that Staff B began employment on and is direct care staff. Staff B's record showed no proof of Level II background screening eligibility.

A review of the background screening website was completed at 1:56 PM on for Staff B's eligibility status. The website reflected: " A new screening is required."

Staff B was observed assisting residents during meal time and interacting with residents throughout the day on . The concern regarding Staff B's Level II background screening was expressed to the manager at approximately 2:00 PM. The manager stated that the administrator would be arriving shortly to address the concern.

An interview was conducted with the administrator at 3:17 PM on . The administrator reviewed Staff B's record and stated that there was nothing in her file concerning Level II background screening eligibility. He stated that Staff B would be leaving the facility and that they would send her for Level II background screening shortly.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Fresh Water at Hudson
14108 Old Dixie Highway
Hudson, FL 34667

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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
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Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Teresa Ryan**, RNC, at 727-552-2000.

Sincerely,

Teresa Ryan RNC
for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90