RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2016

Administrator
[redacted] Residence of Clermont
1600 Hunt Trace Boulevard
Clermont, FL 34711

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted] 30-31, 2016 by representative(s) of this office.

Enclosed 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 [redacted], 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 this office at (386) 462-6201.

Sincerely,

Charla Boy for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965833	03/31/2016
NAME OF PROVIDER OR SUPPLIER [redacted] RESIDENCE OF CLERMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 HUNT TRACE BOULEVARD CLERMONT, FL 34711	

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

0000 Initial Comments

On [redacted] 30-31, 2016, a Biennial Licensure with Extended Congregate Care (ECC) and Limited Nursing Services (LNS) survey was conducted at [redacted] Residences of Clermont. Deficient practice was identified. The facility was not in compliance at this time.

0030 Resident Care - Rights & Facility Procedures

Based on observation, interview, and policy and procedure review, the facility failed to ensure the prevention of the spread of [redacted] while performing activities of daily living (ADLs) for 1 of 2 sampled residents (Resident #3).

Findings:

An observation was conducted on [redacted] starting at 1:38 PM of care being provided to Resident #3 by Staff A, CNA (Certified Nursing Assistant) and Staff D, CNA. Staff A stated she had washed her hands and applied gloves. Staff D rinsed her hands in the [redacted], and applied gloves. There was no soap present. Resident #3 was assisted into bed unto her right side. The CNA's removed the resident's pants, and when the brief was removed the resident was observed to have had a bowel movement. Hygiene care was provided using wipes. When the care was almost complete Staff A and D removed their gloves, and without washing their hands, applied new gloves, and continued to use wipes to cleanse the resident. The brief was placed in the trash can. The CNA's then removed their gloves. Staff A lowered the bed using the remote, removed the bag from the trash can and started to exit the [redacted]. When asked if she had forgot anything, Staff A stated, "No" and opened the door to exit. The second aide told her she needed to wash her hands before exiting. The CNAs went into the [redacted] wash their hands, and there was no soap in the [redacted]. Staff A stated this is why she washes her hands in the soiled hold. Staff A rinsed her hands without the use of soap and exited the [redacted]. Staff A was observed walking across the common living area, opening the door to the [redacted], and threw the trash bag into a container.

During an interview conducted on [redacted] at 1:48 PM with Staff D she stated, "I rinsed my hands before providing care because there was no soap. Before care I should have washed my hands with soap and water. When I took off my gloves, and before putting on another pair of gloves I should have washed my hands. After taking off my gloves and before leaving the [redacted] are to wash our hands with soap and water."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965833	03/31/2016
NAME OF PROVIDER OR SUPPLIER RESIDENCE OF CLERMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 HUNT TRACE BOULEVARD CLERMONT, FL 34711	

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

During an interview conducted on at 2:07 PM with Staff A she stated, when asked if there were any concerns with the care provided, "When I took my gloves off, and before putting on another pair of gloves, I should have washed my hands. I didn't go to wash my hands before I left the I knew there was no soap in the . I was going to wash my hands when I took the trash to the can. We usually have soap in that , I don't know what happened." When asked if she came in contact with other objects after exiting the resident's the soiled hold area, Staff A stated, "Yes, I did."

Record review of the Policy and Procedures titled, " Control - hand Washing - Community/Staff;" effective date: / , showed Purpose: To provide guidelines and appropriate hand washing for community staff to aid in the prevention of transmission of microorganisms and nosocomial . 1. All personnel shall wash their hands to prevent the spread of and to other residents, personnel, and visitors. 2. Appropriate ten to fifteen second hand washing must be performed under the following conditions. j. After offering incontinence care/ care. m. After contact with , , feces, oral secretions, , or broken skin. n. After handling items potentially contaminated with any resident's , excretions, or secretions.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have a free from communicable statement in compliance for 1 of 3 staff members (Staff A).

Findings:

On / a record review was conducted on care staff, Staff A, who was hired on / . During the review, There was no documentation of a free from communicable statement in the record.

On / at approximately 10:10 AM, the Human Resource person stated she would search other records to see if Staff A's free from communicable statement was in a different file.

On / at approximately 12:30 PM, the Human Resource person provided a free from communicable statement for Staff A that was dated .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965833	03/31/2016
NAME OF PROVIDER OR SUPPLIER RESIDENCE OF CLERMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 HUNT TRACE BOULEVARD CLERMONT, FL 34711	

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

On / / at approximately 12:31 PM, the Human Resource person was asked why the free from communicable statement date for Staff A was not post hire date of / /. She stated it must have been dated incorrectly.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure 1 of 3 care staff (Staff A) received all their Activities of Daily Living (ADL) Behavior Needs Training as required.

Findings:

On / / a record review was conducted on care staff, Staff A, who was hired / /. It was observed that she only had 1 hour of ADL/Behavior Needs Training.

On / / at approximately 12:36 PM, the human resource person stated she could not find any other ADL/Behavior Needs Training documentation for Staff A.

Class III