STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968630	04/29/2016
NAME OF PROVIDER OR SUPPLIER **OSPREY HEALTH CARE CENTER LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6775 40TH AVE NORTH** **SAINT PETERSBURG, FL 33709**	

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

0000 Initial Comments

Assisted Living Facility

On , 2016, a biennial relicensure survey with extended congregate care (ECC) in conjunction with a complaint survey (CCR #20016004635) was conducted at Osprey Center. Deficient practice was identified during the relicensure survey.

0078 Staffing Standards - Staff

TAG 0078 - STAFFING STANDARDS - STAFF
58a-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that four of four sampled staff (Administrator, Staff #A, Staff #B, Staff #C) records reviewed had documentation of verifying freedom from signs or symptoms of a communicable .

Findings Included:
On at 1:30 pm a record review of the Administrator, who was hired on as the Assistant Administrator, then hired on / as the Administrator, revealed there was no written document from a health care provider documenting that the Administrator does not have any signs or symptoms of a communicable .
On at 1:30 pm a record review of Staff A, who was hired on / , revealed there was no written document from a health care provider documenting that Staff A does not have any signs or symptoms of a communicable .
On at 1:30 pm, a record review of Staff B, who was hired on as the weekend supervisor and then hired on as the Director of Nursing (DON), revealed that there WAS a written document from a health care provider documenting that Staff B was free of any signs or symptoms of a communicable , however, the note was dated / / .
On at 1:30 pm, a record review of Staff C, who was hired on , revealed there was no written document from a health care provider documenting that Staff C does not have any signs or symptoms of a communicable .
An interview with the Business Office Manager (BOM) on at 2:00 pm confirmed that there was no documentation of verifying freedom from signs or symptoms of a communicable .

Class III

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

0080 Training - Core & Competency Test

TAG 0080 TRAINING-CORE & COMPETENCY TEST
429.52(1-2) FS, 58a-5.0191 (1) FAC

Based on record review and interview, the facility failed to ensure that the Administrator, whose record was reviewed, had documentation relating to Continuing Education Units (CEU ' s) as required by the Florida Statutes.

Findings Included:
On at 1:30 pm, a record review of the Administrator ' s personnel record was conducted. The record revealed that the Administrator whose hired date was / and was hired as the Assistant Administrator and on / was hired as the Administrator, had CORE and no Continuing Education Units since then.
In an interview with the Business Office Manager on at 1:45 pm, she confirmed that there was no documentation of CEU ' s for the Administrator. She stated that she asked him for documentation regarding the CEU update and he stated that he had taken the 12 hour update, but has not given her any documentation regarding that.
During the exit interview, the Administrator confirmed that he did not have the required documentation regarding his Continuing Education Units.

Class III

0082 Training - /

TAG 0082 - TRAINING - /
58a-5.0191(3) FAC

Based on record review and interview, the facility failed to ensure that four (Administrator, Staff #A, Staff #B and Staff #C) of four sampled direct care staff, had completed within 30 days of employment, a one-hour education course on and as required in the Florida statutes.

Findings Included:

During a review of staff records on it was revealed that the Administrator, who was hired on as the Assistant Administrator and then hired on / as the Administrator, did not have documentation of completing the required one-hour training in and , Staff #A, who was hired

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OSPREY HEALTH CARE CENTER LLC	6775 40TH AVE NORTH SAINT PETERSBURG, FL 33709

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

on , did not have documentation of completing the required one-hour training in and , Staff #B who has hired on / as the weekend supervisor and then hired on as the Director of Nursing (DON), did not have documentation of completing the required one-hour training in and , An interview with the DON was conducted on / at 2:50 pm when queried, how much contact do you have with the residents? She stated, ' I have a lot. " and Staff #C, who was hired on / , did not have documentation of completing the required one-hour training in and .

In an interview with the Business Office Manager on / at 1:45 pm, she confirmed that there was no documentation of / training in three of three staff records reviewed. She stated that there was an training class scheduled for / , which was cancelled.
The next training class was scheduled for .

Class IIII

0093 Food Service - Dietary Standards

Based on observation, record review and interview, a) the facility did not maintain a system in which it tracked menu substitutions b) it incorporated an alternate menu that had not been officially reviewed and approved, and c) failed to post its menu in all areas of the facility where residents lived/congregated.

Findings included:

The food service director was asked at 10:50am on / to show where he kept track of menu substitutions. After failing to find any related documentation, he stated that "he wasn't sure where the pertinent substitution logs were kept."
Observed at 12:20pm, the lunch meal that was served included cole slaw; beans; corn on the cob; hot dog; hamburger; and cream of potato soup. The planned items written on the corresponding menu stated shrimp scampi; yellow rice; salad; muffin; and pudding. When asked if there was a log of substitutions made for the meal, the food service director showed this writer the facility's "substitute menu" that was placed on all the dining . This menu stated "hamburger, hot dog, grilled cheese, egg salad, tuna salad, chicken salad." No official approval from a dietetic professional regarding this "substitute menu" could be produced. In addition, at 12:35pm on , the dining the memory support unit was observed to have no menus posted anywhere in the unit.

Class III

Z814 Background Screening Clearinghouse

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	AL11968630	

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

Based on record review and interview, the facility had not yet completed an employment status report with the clearinghouse with respect to all staff subject to screening requirements.

Findings included:

At 10:20am on / , the administrator furnished the survey team with a staff list. Interview with the administrator at 12:30pm revealed that "he had not yet obtained the background screening employee roster due to his lack of understanding of the requirement, etc." No subsequent documentation was obtained throughout the remainder of the survey, and further interview with the administrator at 2:20pm on indicated that he had not procured said document.

Unclassified

Z815 Backaround Screenina: Prohibited Offenses

TAG Z815 - BACKGROUND SCREENING; PROBHIBITED OFFENSES
408.809 435.02(2), 435.06

Based on interview and record review, the facility failed to ensure that one of four sampled staff had a Level II Background screening pursuant to Chapter 435.

Findings Included:
On a record review of Staff #B was conducted. The record revealed that the last background screening for Staff #B was / / .
An interview with the DON at 2:50 pm, when queried, how much contact do you have with the residents? She stated, " I have a lot. "
In an interview with the Administrator at exit, he confirmed that Staff #B did not have a Level II background screening since / / . He stated that he just sent her out today to have the Level II background screening done.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Osprey Health Care Center LLC
6775 40th Ave North
Saint Petersburg, FL 33709

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care (ECC) 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,

FAV 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