STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910546	05/04/2016
NAME OF PROVIDER OR SUPPLIER **VARNUM'S REST HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **12167 NW FREEMAN ROAD** **BRISTOL, FL 32321**	

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

0000 Initial Comments

An unannounced Limited Nursing Services monitoring visit was conducted in conjunction with a complaint survey for allegations contained within CCR2016003552 at Varnum's Rest Home Assisted Living Facility in Bristol, Florida on , 2016. Deficient practice was identified at the time of the visit.

0078 Staffing Standards - Staff

Based on record review and staff interviews, the facility failed to ensure that 1 of 3 sampled employees (staff C) had a health care provider written statement of the staff being free of signs and symptoms of communicable .

The findings include:

An employee record review was conducted on . Staff C record contained a laboratory slip with a negative result of the test, on and the results of titers (laboratory tests that determine if one is to a process) for (chicken ,), type B, but did not contain a health care professional's statement of free from signs and symptoms of communicable .

An interview with staff A, the assistant administrator on at 2:40 PM. Staff A stated that she should have checked to make sure the paper work was filled out and signed by the physician when she accepted the paper work back from staff C.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Varnum's Rest Home
12167 Nw Freeman Road
Bristol, FL 32321

RE: CCR #2016003552

Dear Administrator:

This letter reports the findings of a state limited nursing services survey that was conducted in conjunction with a complaint survey 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 , 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Kristi mwb NC

FOR Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure

XG90

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