AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910149	07/13/2016
NAME OF PROVIDER OR SUPPLIER **AMER HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1918 BARRINGTON DRIVE, W.** **CLEARWATER, FL 33763**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY
An Abbreviated Biennial re-licensure survey with Limited Nursing Services (LNS) was conducted at Amer Home on . Amer Home assisted living facility had deficiencies at the time of the survey.
License number: 6644

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure that facility staff received in-service training regarding the facility ' s resident elopement response policies and procedures within 30 days of employment for one staff member (Staff B) out of four staff members reviewed.
Findings included:
During an employee record review for Staff B on , it was revealed that there was no elopement response training certificate in the employee record. The employee record also revealed that the hire date for Staff B was .
An interview was conducted with the Administrator on at 1:15 PM regarding the lack of an elopement training certificate in Staff B ' s employee record. The Administrator stated, " I have not given him this training yet. "
On at 1:51 PM the Administrator confirmed that Staff B was hired at the facility on .
On Staff B had been employed at the facility for more than 30 days.
Class III

0090 Training -

Based on record review and interview, the facility failed to ensure that facility staff received at least one hour of training in the facility ' s policy and procedures regarding ( ) within 30 days of employment for one staff member (Staff B) out of four staff members reviewed.
Findings included:
During an employee record review for Staff B on , it was revealed that there was no training certificate in the employee record. The employee record also revealed that the hire date for Staff B, who was a direct care staff member, was .
An interview was conducted with the Administrator on at 1:15 PM regarding the lack of a training certificate in Staff B ' s employee record. The Administrator stated, " I have not given him this training yet. "
On at 1:51 PM the Administrator confirmed that Staff B was hired at the facility on .
On Staff B had been employed at the facility for more than 30 days.
CLASS III

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910149	**07/13/2016**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Amer Home
1918 Barrington Drive, W.
Clearwater, FL 33763

Dear Administrator:

This letter reports the findings of a abbbreviated biennial state licensure survey with limited nursing services (LNS) 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 con**sumer 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,

for Patricia Reid Caufman
Field Office Manager

St. Petersburg Field Office
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PRC/clt
Enclosure: State (5000-3547) Form
XG90