STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911223	07/07/2016
NAME OF PROVIDER OR SUPPLIER **VICK STREET MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **22332 VICK STREET** **PORT CHARLOTTE, FL 33980**	

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

0000 Initial Comments

An unannounced relicensure survey was conducted through at Vick Street Manor, an assisted living facility (license #5016) in Port Charlotte, Florida.

The following is description of the deficiencies.

0027 Resident Care - Arrangement for Health Care

Based on record review and interviews, the facility failed to provide or arrange transportation for 1 (Resident #9) out of 10 sampled residents for his medical appointment.

The findings included:

Review of Resident #9 medical record revealed a request dated for an appointment with his Orthopedic physician for his knees. An appointment was scheduled for , 2016 at 2:00 p.m. and was noted by Receptionist/Transportation Coordinator Staff B on .

On at 11:50 a.m., Staff B said Resident #9's name is yellowed out in her calendar book because there was a problem with the hydraulic lift in the van and his appointment was canceled. She said she told his nurse, Staff A so she could reschedule the appointment.

On at 12:00 p.m., the Administrator said if the hydraulic in the van was not working they would have either rescheduled the appointment or arranged for outside transportation. She said they would have paid for the transportation. At 12:15 p.m., the Administrator said she didn't think Staff A knew they would have paid for the transportation.

On at 12:10 p.m., Licensed Practical Nurse Staff A said she had to cancel the appointment because of the hydraulic lift was broken in the van. She said she didn't make other arrangements because she didn't know if his insurance would pay for it. She said she made Resident #9 aware of it and it didn't seem like it was a problem. She said she followed up with Staff B and said Staff B would reschedule the appointment when the van had been fixed.

On at 1:05 p.m., the Director of Maintenance said the hydraulic lift went down on . He said he called a repair place for the part on the 29th and they told him it would take 5 days to get the part and as of today he still hasn't gotten the call to get the van in. He said the oil from the lift had leaked out as he had brought back one of the residents and when he got back on he remembers telling either the Administrator or Resident Manager about it at 3:30 p.m. that day.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure that within 30 days after beginning employment, newly hired staff have submitted a written statement from a health care provider documenting the individual does not have any signs or symptoms of communicable for 1 (Staff F) of 5 staff records reviewed.

The findings included:

Record review shows Staff F had a hire date of . Staff F works as a resident aide. The personnel file contains no written statement from a health care provider documenting that Staff F does not have any signs or symptoms of communicable .

On at 3:15 p.m., the Administrator said the doctor will be coming Friday to give Staff F a physical. She also said that the doctor has been here during Staff F's initial 30-day period but Staff F was unavailable. Administrator said she will take Staff F off the calendar until the physical was complete.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Vick Street Manor
22332 Vick Street
Port Charlotte, FL 33980

Dear Administrator:

This letter reports the findings of a 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.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Laura Wentz for
Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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Fort Myers, FL 33901
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