STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910366	07/12/2016
NAME OF PROVIDER OR SUPPLIER **A COUNTRY RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **14327 N. 69TH DRIVE** **PALM BEACH GARDENS, FL 33418**	

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

0000 Initial Comments

An unannounced abbreviated relicensure survey was conducted on / at A Country Residence (License #5699). The facility had deficiencies identified at the time of the survey.

0078 Staffing Standards - Staff

Based on interview and record review, it was determined the facility failed to ensure that each staff member had documentation of a negative examination on an annual basis, for 1 of 3 sampled staff reviewed (Staff B).

The Findings included:

During interview and staff record review conducted with the Administrator on at approximately 11:45 AM, she was provided the opportunity to locate the annual negative examinations for 2015 and 2016 for Staff B (date of hire /02). The Administrator acknowledged that the last negative annual examination for Staff B was on . She could not provide an explanation as to why there was no documentation for 2015 or 2016 for Staff B.

Class III

0081 Training - Staff In-Service

Based on interview and record review, it was determined the facility failed to ensure staff who provide direct care to residents received had received the required in-service training within 30 days of date of hire, for 1 of 3 sampled staff reviewed (Staff A).

The Findings included:

During interview and staff record review conducted with the Administrator on at approximately 11:35 AM, she was provided the opportunity to locate documentation (training certificates with all required components) for Staff A (date of hire) for the following subjects:

a) elopement response policy and procedures

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910366	**07/12/2016**
NAME OF PROVIDER OR SUPPLIER **A COUNTRY RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **14327 N. 69TH DRIVE PALM BEACH GARDENS, FL 33418**	

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

b) emergency procedures including chain of command and staff roles relating to emergency evacuation
c) reporting major incidents and reporting adverse incidents

The Administrator was not able to locate any training documentation for elopement and emergency procedures for Staff A; only an agenda was located related to incident reporting for Staff A. Therefore, the facility was unable to prove Staff A had received aforementioned training, as required. The Administrator could not provide an explanation as to why the training documentation/certificates was not in Staff A's file.

Class III

Z814 Background Screening Clearinghouse

Based on interview and record review, it was determined the facility failed to ensure that each employee's employment status was maintained within the clearinghouse within 10 business days of any changes to the employment status, for 1 of 9 sampled staff reviewed (Staff D).

The Findings included:

A review of the facility's clearinghouse employee roster and staff schedule was conducted with the Administrator on beginning at approximately 10:50 AM. During an interview with the Administrator on / / at 10:55 AM, she was asked about Staff D's name being on the clearinghouse roster and not on the facility's schedule. The Administrator stated Staff D (date of hire noted as) only worked for this facility for approximately 2 weeks. She acknowledged she had not removed Staff D from the clearinghouse roster and that the employee was no longer employed by the facility.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
A Country Residence
14327 N. 69th Drive
Palm Beach Gardens, FL 33418

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted 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 5 , 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
.....com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida