



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Stanley House
718 Walton Rd
Defuniak Springs, FL 32433

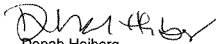
Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representatives 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 12, 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,


Donah Heiberg
Field Office Manager

DH/dh
Enclosure

XG90

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965241	(X3) DATE SURVEY COMPLETED 07/07/2016
NAME OF PROVIDER OR SUPPLIER STANLEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 718 WALTON RD DEFUNIAK SPRINGS, FL 32433	

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

0000 Initial Comments

An abbreviated biennial survey with Limited Nursing Services was conducted at Stanley House of Defuniak Springs on . Deficient practice was found at the time of the survey. License # 9616.

0078 Staffing Standards - Staff

Based on staff interview and employee record review the facility failed to have a written statement from health care provider that the employee does not have signs or symptoms of communicable for 1 of 3 employees sampled (Employee B).

The findings are:

A review of Employee B's file failed to have a statement from her doctor that she was free from communicable .

An interview was conducted with the Administrator on at 2:50 pm. She said that she is yet to find Employee B's original employee file since she became administrator. She reviewed the file and confirmed there was not a communicable statement in her current file. She then stated, "I do not have it".
Class III

0081 Training - Staff In-Service

Based on staff interview and employee record review, the facility failed to ensure that staff had all required training within 30 days of employment for 3 of 3 staff sampled, A, B, and C.

Findings include:

Staff A (a licensed practical nurse) record was reviewed. The required "Resident Rights" training was missing from the file. Staff C, a direct care staff, record was reviewed. The required "Resident Rights" and "Emergency Preparedness" training was missing from the file. An interview was conducted with the Administrator on at 12:46 PM. She reviewed both files and stated, "They haven't been completed yet."

Staff B, a direct care staff, record was reviewed. The required "Safe Food Handling Procedures" training was missing from the file. An interview was conducted with the administrator on at 3:05 PM . She reviewed the file and stated, "I can't find anything for safe food handling."

Class III