STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966109	**08/25/2016**
NAME OF PROVIDER OR SUPPLIER **MEDITERRANEAN COMFORT**	STREET ADDRESS, CITY, STATE, ZIP CODE **4180 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065**	

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

0000 Initial Comments

An unannounced abbreviated relicensure survey was conducted on 8/25/16 at Mediterranean Manor, License #10429. The facility had deficiencies at the time of the visit.

0081 Training - Staff In-Service

Based on employee record review and staff interview, the facility failed to ensure 1 of 3 sampled direct care staff (Staff D) received the required in-service training within 30 days of hire.

The findings include:

On , during employee record reviews for Staff D (hire date), there was no documentation contained within this employee's file, or provided by administration, showing completion of the 3 hours regulatory required in-service training, completed within 30 days of employment, covering the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.

During interview conducted with Administrator on / at 1:00 PM, she acknowledged the absence of documentation for Staff D confirming their completion of this required staff training. The administrator was also unable to show whether Staff D was a Home Health Aide or Certified Nurse's Aide, which would have exempted her from having to complete the required training.

Class III

0090 Training -

Based on employee record review and staff interview, the facility failed to ensure 1 of 3 sampled direct care staff (Staff D) received the required one hour in-service training in the facility's policies and procedures regarding ( ) within 30 days of hire.

The findings include:

On , during employee record reviews for Staff D (hire date /), there was no documentation contained within this employee's file, or provided by administration, showing completion of the regulatory required in-service training regarding the facility's , which is to be completed within 30 days of employment:

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SUMMARY STATEMENT OF DEFICIENCIES
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During interview conducted with Administrator on 8/25/16 at approximately 1:00 PM, she acknowledged the absence of documentation for Staff D confirming their completion of this required staff training.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, it was determined the facility failed to provide a safe and decent living environment, and to ensure all architectural and mechanical systems are maintained in working order, for 6 out of 6 sampled residents.

The findings included:

On , 2016 at approximately at 9:00AM a tour was conducted of the facility. The following observations were made (photographic evidence obtained):

A) #:
1) of a broken toilet paper holder, with drywall damage to the area where part of the toilet paper holder was connected. There was no toilet paper in the 2 of 6 residents (Resident#1 and Resident# 2).
2) Observed sliding closet door off the sliding hinges and leaning unsecured against the outside closet wall.

B) Hallway (between # and #):
1) Observed /vanity to have broken tile surrounding the front section of sink bowl with a open space where grout is missing.

C) Living
1) Observed electric recliner chair cord to be frayed with exposed wires, while plugged into the electric socket.
2) Observed baseboard behind the recliner to have a open gap between the the two baseboards leading to an space in the wall.

D) Kitchen

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

1) Ceiling vent located over food preparation area was covered in dust.
2) Heavy dust buildup on wall next to food preparation area.

An interview was conducted on 8/25/2016 at approximately 1:15 PM with the Administrator; she acknowledged the concerns and stated she will work on the repairs. The Administrator did not provide any additional information for review.

Class III

Z815 Backaround Screenina: Prohibited Offenses

Based on employee record review and staff interview, the facility failed to have a new background screening conducted for 1 of 3 employees who provide personal care directly to residents and have access to the residents personal property and living areas. (Staff D, hire date /).

The findings include:

On / , during employee record review, it was found that Staff D had a background screening that had been completed in of 2011. Since Level II background screenings are only valid for 5 years, Staff D required a new screening to be completed as of , 2016.

A review of the Background Screening Clearinghouse website showed message "a new screening is required" for Staff D.

An interview was conducted with the Administrator on / at approximately 1:00 PM; she acknowledged that Staff D provided direct care to the residents. The Administrator stated she was unaware Staff D's background screening had expired, and she acknowledge the need to have a new screening completed for staff every 5 years.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Mediterranean Comfort
4180 Coral Springs Drive
Coral Springs, FL 33065
RE: Re-licensure survey

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 , 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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