| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968701 | 09/09/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**CARING HANDS RESIDENCE LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**REDFIN DR, POINCIANA**<br>**POINCIANA, FL 34759** | |

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

**0000 Initial Comments**

Assisted Living Facility

A biennial re-licensure survey with extended congregate care (ECC) was conducted on at Caring Hands Residence LLC. Deficient practice was identified during the survey.

(License # 12559)

**0078 Staffing Standards - Staff**

Based on record review and interview, the facility failed to ensure that evidence of a negative examination was documented on an annual basis for one (Administrator) of two employees reviewed.

Findings included:

On at 1:30 PM, an employee record review for the Administrator revealed that there was no documentation of an annual examination. The employee record review also revealed that the hire date of the Administrator was .
During an interview on at 1:55 PM, the Administrator confirmed that there was no documentation of an annual negative examination contained in the employee record. The Administrator stated that she may have had an annual examination completed, but that there was no record of it at the facility. No additional documents were provided.

Class III

**0084 Training - Assis Self-Admin Meds & Med Mgmt**

Based on record review and interview, the facility failed to ensure that unlicensed persons who provided assistance with self-administered medications, and had successfully completed the initial four-hour training, obtained a minimum of two hours of continuing education on an annual basis for one (Staff A) of two employees reviewed.

Findings included:

On at 1:30 PM, an employee record review for Staff A, a medication technician, revealed that Staff A had completed the initial four-hour medication training on . The employee record review

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SUMMARY STATEMENT OF DEFICIENCIES
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also revealed that there was no documented continuing education for assisting with the self-administration of medications.
During an interview on at 1:55 PM, the Administrator confirmed that Staff A was a medication technician at the facility and provided residents with assistance with the self-administration of medications. The Administrator also confirmed that Staff A had not completed the two hours of continuing education on providing assistance with self-administered mediations.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , , 2016

Administrator
Caring Hands Residence LLC
Redfin Drive
Poinciana, FL 34759

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care (ECC) 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr
Enclosure: State Form 5000-3547

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