STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963723	09/01/2016
NAME OF PROVIDER OR SUPPLIER **CHIPOLA HEALTH AND REHABILITATION CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **4294 THIRD AVENUE** **MARIANNA, FL 32446**	

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

0000 Initial Comments

An unannounced abbreviated biennial survey with extended congregate care (ECC) and limited mental health (LMH) was conducted at Chipola Health and Rehabilitation Center assisted living facility from 14-15,2016. Deficient practice was found at the time of the survey.

0078 Staffing Standards - Staff

Based on staff interview and employee file review the facility failed to obtain a communicable statement for 1 of 3 employee reviewed (A) within 30 days of employment, and failed to have evidence of a negative examination for 2 of 3 employees reviewed (A, and B).

The findings are:

Employee A has a date of hire as . A communicable statement was observed and dated as / . The director of the facility confirmed that the communicable statement was over the 30 day requirement on at 9:29 am. .

Employee A's file, who has a hire date of , did not contain documentation of a negative screening since her hire date of . The administrator was interviewed on at 10:15 am. She confirmed there were no results of a negative ( ) test in Employee A's file and stated, "We thought the physician saying there was no satisfied the requirements".

Employee B was hired in the assisted living portion of the facility on / . Her last negative skin test was on / . The administrator in interview on at 10:15 am said that the facility checks a screening questionnaire and not a skin test.

Class III

0081 Training - Staff In-Service

Based on staff interview and employee file review the facility failed to have the required training within 30 days for control training for 1 of 3 employees (A), failed to have Activities of Daily Living (ADL) training for 1 of 3 employees (Employee B) and behavioral needs training for 1 of 3 employees (C), emergency preparedness and evacuation training for 1 of 3 (A), incident reporting for 1 of 3 (A), resident rights training for 1 of 3 (A), recognizing and reporting for 1 of 3 (A) and failure to have nutrition and safe food handling for 3 of 3 employees (A, B, and C).

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The findings are:

Employee A has a hire date of / / and is employed as a resident care assistant and med tech. Her employee file shows documentation of control training,emergency preparedness training, incident reporting, resident rights training, and recognizing and reporting all completed on / outside the required 30 days. The facility also failed to complete the required nutrition and safe food handling. The administrator confirmed on at 10:39 am that the required training was not within the 30 day time frame and the nutrition and safe food handling was not in the file.

Employee B has a hire date of / / and is hired as a resident care assistant and med tech . Her employee file does not have the required activities of daily living training required within 30 days of hire. The director confirmed the training could not be found in the file on at 11:05 am. The file also did not contain the required nutrition and safe food handling required within 30 days of employment confirmed by the administrator at 10:39 am on .

The employee file for Employee C revealed a hire date of for the assisted living facility. She is employed as a resident care assistant/med tech. Her file did not have the required training for behavioral needs required within 30 days. This was confirmed by the director of the facility on at 11:05 am. The file also did not have the required nutrition and safe food handling required within 30 days. This was confirmed by the administrator at 10:39 am on .

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on staff interview and employee file review the facility failed to complete the annual two hours of continuing education for providing assistance with self administered medications and safe medication practices for 1 of 3 employees (Employee B).

The findings are:

Employee B has a hire date of / to the assisted living facility and is employed as a resident care assistant/med tech. She was observed to have her 4 hour initial training on . There was not an updated 2 hour annual training in her file.

An interview was conducted with the director of the facility on at 11:10 am. She confirmed Employee B did not have the training and she has not been scheduled the training.

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
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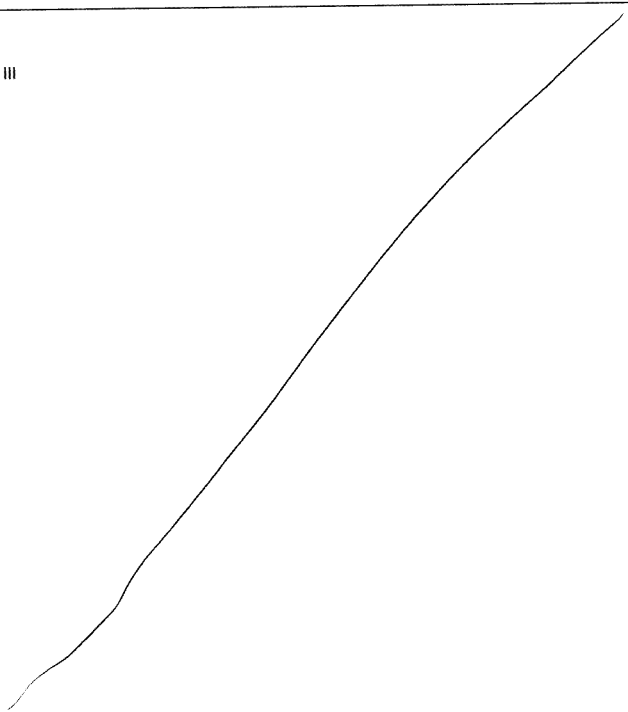
Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Chipola Health And Rehabilitation Center
4294 Third Avenue
Marianna, FL 32446

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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

FOR Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure

XG90

Tallahassee Field Office
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