AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967884	09/26/2016
NAME OF PROVIDER OR SUPPLIER **ORCHIDS HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **2960 MEADOWS OAKS DR S** **CLEARWATER, FL 33761**	

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

0000 Initial Comments

Assisted Living Facility

On , 2016, an unannounced biennial licensure survey with Limited Mental Health (LMH) was conducted at Orchids Home, Assisted Living Facility. Orchids Home, Assisted Living Facility, had deficient practice at the time of the survey.

(License # 11901)

0078 Staffing Standards - Staff

Based on observation, record review and interview, the Assisted Living Facility failed to ensure that two of three sampled staff (Staff B & Staff C) had evidence of an annual negative examination.

Findings included:

On , a record review of Staff B, with a hire date of , revealed that there was no evidence of a negative examiniation since .

On , a record review of Staff C, with a hire date of , revealed that there was no evidence of a negative examination since .

An interview with the Administrator on at 4:00 pm was conducted. The Administrator stated she was not aware that Staff B and Staff C did not have documentation of a negative examination.

Class

L243 LMH - Training

Based on observation, record review and interview, the Assisted Living Facility, who holds an Limited Mental Health License, failed to ensure that one of three (Staff B) staff sampled, received the initial 6

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hours of specialized training in working with individuals with mental health diagnoses.

Findings included:

On , a record review of Staff B's file showed a hire date of . There was no documentation showing that Staff B, who has direct care with residents, had the initial 6 hours of specialized training.

On at 4:00 pm, in an interview with the Administrator, the Administrator indicated that she did not realize that Staff B did not have the initial 6 hour training.

Class

Z814 Background Screening Clearinghouse

Based on observation, record review and interview, the Assisted Living Facility failed to register 3 of 3 sampled staff (Staff A, B & C) with the Background Clearinghouse within 10 days upon initial employment.

Findings included:

On , a review of the Provider Background Screening Clearinghouse Employee Roster on the Agency's Background Screening Portal revealed that no employees were registered on the Roster.

A review of Staff A's employee file indicated a hire date of . Staff A was not registered in the Background Screening Clearinghouse.

A review of Staff B's employee file indicated a hire date of . Staff B was not registered in the Background Screening Clearinghouse.

A review of Staff C's employee file indicated a hire date of . Staff C was not registered in the Background Screening Clearinghouse.

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On / at 4:00 pm, an interview was conducted with the Administrator. The Administrator stated that she was not aware that she was supposed to register her employees on the Background Screening Clearinghouse Employee Roster.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Orchids Home
2960 Meadows Oaks Dr S
Clearwater, FL 33761

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited mental health (LMH) 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.

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St. Petersburg, FL 33701
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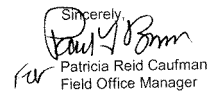
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

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,



Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90