STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966606	**09/29/2016**
NAME OF PROVIDER OR SUPPLIER **PARAH INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **701 SW TULIP BLVD FORT PIERCE, FL 34953**	

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

0000 Initial Comments

A Complaint Investigation, CCR 2016007717, was conducted on 09/29/2016 at Parah Inc., license number 12165. The facility had deficiencies at the time of the investigation.

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interviews, the facility failed to ensure unlicensed staff who provide assistance with self-administration of medications to residents received the required training for 2 of 4 sampled employees records reviewed (Employee C and D).

The findings included:

Employee file review was conducted at 2:31 PM with the facility's Administrator present. The following concerns were identified:

1. Employee C, a Certified Nurse Aide, Caregiver and Medication Technician, was hired on / / . Review of his records revealed his most recent two-hour training in assistance with self-administration of medications was conducted on by a Pharmacist. There was no documentation showing he received the required two hours of training in 2016.

2. Employee D, a Certified Nurse Aide, Caregiver and Medication Technician, was hired on . Review of her records revealed her most recent two-hour training in assistance with self-administration of medications was conducted by a Pharmacist. There was no documentation showing she received the required two hours of training in 2016.

In an interview conducted at the time of review, the Administrator confirmed both staff members assist residents with self-administration of medications.

Class III

Z814 Background Screening Clearinghouse

Based on interview and record review, it was determined the facility failed to register all of its employees with the Care Provider Background Screening Clearinghouse and maintain the employment status of all employees within the clearinghouse, for 5 of 5 sampled Employees (A, B, C, D and E).

The Findings included:

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Review of the facility's employee records revealed the following:

1. Employee A, the Administrator, Caregiver and Medication Technician (MT), was hired when the facility opened on 11/22/2005.
2. Employee B, a Caregiver and MT, was hired on .
3. Employee C, a Caregiver and MT, was hired on / / .
4. Employee D, a Caregiver and MT, was hired on .
5. Employee E, responsible for maintenance, errands and part-time Caregiver, was hired when the facility opened on / .

On , this facility's information was obtained from the Care Provider Background Screening Clearinghouse and no employees were registered under this facility's license number and name.

During employee record review conducted at 2:42 PM with the Administrator present, she was asked if she had registered the staff of this facility with the clearinghouse. She stated she was not familiar with this requirement.

Unclassified

Z816 Background Screening-Compliance Attestation

Based on observations, interviews and record review, the facility failed to obtain the required Affidavits of Compliance with Background Screening Requirements form, for 3 of 4 sampled employee records reviewed (B, C and D).

The findings included:

Review of employee records was conducted on beginning at 2:31 PM with the facility's Administrator present. The following concerns were identified:

1. Employee B, a Caregiver and Medication Technician (MT), was hired .
Review of her employee records revealed no signed Affidavit of Compliance with Background Screening Requirements form AHCA Form 3100-0008. Employee B was observed providing direct care to residents throughout the survey conducted .

2. Employee C, a Caregiver and MT, was hired / / . Review of his employee records revealed no signed Affidavit of Compliance with Background Screening Requirements form AHCA Form 3100-0008.

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Employee C was observed providing direct care to residents throughout the survey conducted 09/29/2016.

3. Employee D, a Caregiver and MT, was hired . Review of her employee records revealed no signed Affidavit of Compliance with Background Screening Requirements form AHCA Form 3100-0008.

These concerns were discussed with the Administrator at the time of review. She stated she was not familiar with this regulation.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Parah Inc.
701 SW Tulip Blvd
Fort Pierce, FL 34953

RE: CCR #2016007717

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/jw

XG90

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