STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968421	12/06/2016
NAME OF PROVIDER OR SUPPLIER ST CLOUD HAVEN II	STREET ADDRESS, CITY, STATE, ZIP CODE 907 N TAYLOR RD BRANDON, FL 33510	

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

0000 - Initial Comments

Assisted Living Facility

On 12/6/16, a biennial relicensure survey was conducted at St. Cloud Haven II (Lic. #12310). Deficient practice was identified during the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the health assessment for one of two residents sampled (#3) was not accurate in reflecting this individual's capabilities with respect to being retained.

Findings included:

Resident record review during the survey revealed that Resident #3 was admitted to the facility . Review of the resident's health assessment found the following to be problematic: Regarding functionality, the assessment indicated that Resident #3 required "total care" for ambulation, bathing, dressing, and . However, "total care" is typically indicative of being inappropriate for an ALF setting. Further review of the file found no subsequent health evaluation. Interview with the administrator at 2:40pm on revealed that no other formal health examination had been conducted on Resident #3.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, three of three staff sampled (A-C) had not obtained a written statement from a health care provider that they were free from signs/symptoms of communicable , while one (1) of three (C) had no updated freedom from ( ) evaluation.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968421	12/06/2016
NAME OF PROVIDER OR SUPPLIER **ST CLOUD HAVEN II**	STREET ADDRESS, CITY, STATE, ZIP CODE **907 N TAYLOR RD** **BRANDON, FL 33510**	

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

A personnel file review during the survey found that there was no formal freedom from communicable statements for Staff A, B, or C available for inspection (although both B and C had current assessments). In addition, Staff C had no statement available for review; interview with the administrator at 1:40pm on indicated that none of these documents were readily available.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, two of two direct care staff sampled (B;C) who had been employed at least 30 days had not received all required training.

Findings included:

A personnel record review during the inspection found that Staff B and Staff C (hired / and , respectively) had no official documentation verifying that the following training had been received: a) the 1 hr. in-service on the reporting of major and adverse incidents and facility emergency procedures, including chain of command and staff roles relating to emergency evacuation. In addition, Staff C had no documentation verifying she had received b) 1 hr. trainings pertaining to the facility's elopement policies/procedures, c) recognizing and reporting of resident , neglect, and c) and safe food handling practices; as well as the d) 3 hour training in resident behavior/needs and providing assistance with activities of daily living. Interview with the administrator at 1:50pm on verified that these documents were unavailable for agency review.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and interview, one of three staff sampled (B) who had been employed at least 30 days had not obtained the one-time training on and .

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968421	12/06/2016
NAME OF PROVIDER OR SUPPLIER **ST CLOUD HAVEN II**	STREET ADDRESS, CITY, STATE, ZIP CODE **907 N TAYLOR RD** **BRANDON, FL 33510**	

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

A personnel file review during the survey revealed that Staff B, hired , had no documentation verifying she had taken a training on and . Interview with the administrator at 1:20pm on confirmed that this documentation was unavailable for agency inspection.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, two of two direct care staff sampled (B; C) who had been employed at least 30 days had not yet received training regarding the facility's policies/procedures pertaining to .

Findings included:

A personnel file review during the survey revealed that neither Staff B nor C (hired and respectively) had any documentation in their records indicating that a training in the facility's policies and procedures had been provided. Interview with the administrator at 2pm on confirmed that these certifications were not in the employee files and were unavailable for inspection.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
St Cloud Haven II
907 N Taylor Rd
Brandon, FL 33510

Dear Administrator:

This letter reports the findings of a biennial state licensure survey 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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90