STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966414	**12/02/2016**
NAME OF PROVIDER OR SUPPLIER **HOME SWEET HOME OF PALM COAST,**	STREET ADDRESS, CITY, STATE, ZIP CODE **6 EMERSON DR PALM COAST, FL 32164**	

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

0000 Initial Comments

An unannounced biennial licensure survey was conducted at Home Sweet Home Of Palm Coast (License #10614) on 2, 2016. Deficient practice was identified during the survey.

0078 Staffing Standards - Staff

Based on employee record review and staff interview, the facility failed to obtain an annual ( ) testing for 2 out of 4 employee personnel files that were sampled (Employees A and B)

The findings include:

Record review of the personnel file for Employee A (hired) found the most recent evidence that she was free from was dated / .The employee was contacted by phone by the Administrator and Manager on at 12:38 PM. She stated what she had given the Administrator her most recent screening. She did not have anything else to provide.

Record review of the personnel file for Employee B (hired) found the most recent evidence that she was free from was dated / .

The findings were confirmed during an interview with the Administrator on at 12:50 AM. She stated she would have both of the employees get a screening.

Class III

0085 Training - Nutrition & Food Service

Based on employee record review and staff interview, the facility failed to ensure the food service designee for the facility obtained annually a minimum of 2 hour continuing education in food service and nutrition. (Administrator/Employee D).

The findings include:

During an interview with the Administrator on at 10:00 AM she stated she was the food service designee for the facility.

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Record review of the personnel file for the Administrator/Employee D found her most recent training related to food service and nutrition was dated . The Administrator was asked if she had more recent training and she stated "No, you may need to write me up. "

An exit conference was held with the Administrator on at 12:50 PM. She once again confirmed she did not have more recent training.

Class III

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

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to ensure that 4 of 34 sampled employees were listed on the facility's employee roster on the Agency for Health Care Administrations background screening website.

The findings include:

A review of Employee A's personnel file revealed a hire date of and an eligible level II background screening dated . A review of Employee B's personnel file revealed a hire date of and an eligible level II background screening dated . A review of Employee C s personnel file revealed a hire date of and an eligible level II background screening dated / . A review of Employee D's personnel file revealed a hire date of 2005 and an eligible level II background screening date of .

A review of the Agency for Health Care Administration's background screening website on at 12:50 PM revealed that the facility had no employees listed under their facility employee roster.

In an interview with the Administrator on at 12:50 PM, she confirmed the findings stating that she was unaware of the requirement.

Unclassified

Z816 Background Screening-Compliance Attestation

Based on employee record review and staff interview, the facility failed to conduct a new Level II background screening for 1 of 4 sampled employees (Employee A).

The findings include:

Record review of the employee file for Employee A found she was hired as a caregiver on . A level II screening was found in Employee A's file with a eligibility determination date.
An interview was held with the Administrator on at 12:50 PM. She stated she was aware Employee A needed to be rescreened. She stated she thought she would be retiring so she did not send her.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Home Sweet Home Of Palm Coast,
6 Emerson Dr
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state biennial 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 15, 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. Should you have any questions please call this office at .

Sincerely,

Jana Meyering, P
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure
XG90

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