STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953452	**12/20/2016**
NAME OF PROVIDER OR SUPPLIER **APOPKA RETIREMENT CENTRE**	STREET ADDRESS, CITY, STATE, ZIP CODE **750 SOUTH ALABAMA AVENUE** **APOPKA, FL 32703**	

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

0000 - Initial Comments

On 20, 2016 a Limited Nursing Services (LNS) monitoring visit was conducted. Apopka Retirement Center, license #5921, had deficiencies at the time of the visit.

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

Based on personnel record reviews and interview, the facility failed to ensure that 2 of 3 personnel records (B & C) contained documented evidence of a negative ( ) examination on an annual basis.

Findings:

1. Personnel record review for staff B, a personal care attendant, revealed a negative examination dated . There was no documented evidence of a negative examination for 2016.

2. Personnel record review for staff C, a personal care attendant, revealed a negative examination dated . There was no documented evidence of a negative examination for 2016.

On / at 10:29 AM, the administrator confirmed the findings and said "I did not know."

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observations, record review and interview, the facility failed to maintain an accurate staffing schedule.

Findings:

Observations during a tour of the facility revealed the presence of 3 staff members.

Review of the facility staffing schedule revealed 1 of the staff members, identified by the administrator as a caregiver, was not listed on the schedule.

Continued review of the schedule revealed the name of a staff member, who was scheduled to work on from 6:00 AM to 12:30 PM, was not present in the facility.

The schedule did not accurately reflect a 24-hour staffing pattern, as required.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953452	**12/20/2016**
NAME OF PROVIDER OR SUPPLIER **APOPKA RETIREMENT CENTRE**	STREET ADDRESS, CITY, STATE, ZIP CODE **750 SOUTH ALABAMA AVENUE APOPKA, FL 32703**	

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

On 12/20/16 at 11:45 AM, the administrator confirmed the staffing schedule was inaccurate and said "okay."

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure 1 of 3 sampled personnel records (B) contained required in-service training within 30 days of hire.

Findings:

Personnel record review for Staff B, a personal care attendant, revealed a hire date of [redacted].

There was no documented evidence in the record to indicate Staff B received in-service training that covered Activities of Daily Living and Behavioral Needs within 30 days of employment, as required.

On [redacted] at 11:05 AM, the administrator confirmed the finding and said "I can't find it," "I missed that one."

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on personnel record reviews and interview, the facility failed to ensure the person responsible (A) for the facility's food service received the required annual 2 hours of continuing education.

Findings:

Personnel record review for staff A, the administrator, revealed a professional food manager certificate that expired on [redacted].

There was no documented evidence staff A received the required 2 hours of continuing education in topics pertinent to nutrition and food service in an assisted living facility when her food manager certification expired.

During an interview with the administrator on [redacted] at 11:45 AM, she identified herself as the person responsible for the facility's food service. She confirmed the certificate was expired and said "I just

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953452	**12/20/2016**
NAME OF PROVIDER OR SUPPLIER **APOPKA RETIREMENT CENTRE**	STREET ADDRESS, CITY, STATE, ZIP CODE **750 SOUTH ALABAMA AVENUE** **APOPKA, FL 32703**	

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

haven't had time to update it."

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observations and interview, the facility failed to maintain a personnel record, as required, for 1 of 6 (D) staff members.

Findings:

Observations during a tour of the facility revealed staff D in the facility kitchen, cooking.

On / at 11:00 AM, following a request for the personnel record for staff D, the administrator said "I don't have one yet," "she just started today," "she's only observing today."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953452	12/20/2016
NAME OF PROVIDER OR SUPPLIER **APOPKA RETIREMENT CENTRE**	STREET ADDRESS, CITY, STATE, ZIP CODE **750 SOUTH ALABAMA AVENUE APOPKA, FL 32703**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observations, record reviews, review of the Agency's background screening clearing house, and interviews, the facility did not maintain an employee roster on the Agency's background screening clearing house that listed 2 of 5 facility employees (E & F) subject to a background screening.

Findings:

1. Observations during a tour of the facility revealed the presence of staff E.

On / at 11:00 AM, the administrator identified staff E as a caregiver and said "she was hired in 2004."

2. Review of the facility staffing schedule revealed staff F was scheduled to work on .

On / at 11:00 AM, the administrator identified staff F as a cook and said "she was hired in 2016."

Review of the facility's background screening clearing house roster revealed staff E and staff F were not listed on the facility roster, as required.

During an interview with the administrator on at 11:45 AM regarding the findings, she said "I was not aware."

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on observations and interview, the facility failed to ensure 1 of 6 staff (D) who required a background screening, did not have any disqualifying offenses and allowed staff (D) to work without an eligible background screening.
Findings:
Observations during a tour of the facility revealed the presence of staff D, identified by the administrator as a cook.

On / at 11:45 AM, upon request for the background screening results for staff D, the administrator said a background screening was not conducted and said "I know I have to do one," "she was just going to see if she liked it here first."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953452	**12/20/2016**
NAME OF PROVIDER OR SUPPLIER **APOPKA RETIREMENT CENTRE**	STREET ADDRESS, CITY, STATE, ZIP CODE **750 SOUTH ALABAMA AVENUE** **APOPKA, FL 32703**	

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

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Apopka Retirement Centre
750 South Alabama Avenue
Apopka, FL 32703

Dear Administrator:

This letter reports the findings of a 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 , 2017.** 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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com