STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910077	01/04/2017
NAME OF PROVIDER OR SUPPLIER **RESTHAVEN OF HARDEE COUNTY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **298 RESTHAVEN ROAD** **ZOLFO SPRINGS, FL 33890**	

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

0000 - Initial Comments

Assisted Living Facility

On 4, 2017, a biennial relicensure survey with limited nursing services (LNS) was conducted at Resthaven of Hardee County. Deficient practice was identified during the survey.

(License # 5073)

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview, two of four staff sampled (B;D) had no documentation verifying they had taken First Aid.

Findings included:

A review of the facility's staffing schedule for / found that Staff B and D worked during the day and midnight shifts, respectively. Further review of the document found that Staff D was occasionally alone; review of her personnel file found no First Aid certification available. A review of Staff B's file also found no First Aid card; interview with this individual revealed that "she occasionally was called upon to work the night shift to fill in when another employee calls in, etc."

Class III

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

Based on interview and record review, the administrator had not obtained the full 2 hours of continuing education in topics pertinent to nutrition/food service in an assisted living facility on an annual basis.

Findings included:

interview with the administrator at 1:45pm on / indicated that she was in charge of the facility's

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nutritional service (ordering; etc.), and that "she took the yearly course." A review of her personnel record found a document indicating that one (1) hour of "safe food handling, including some areas of nutrition" had been obtained / . Further review of both the administrator's file as well as the chief cook's record found no official 2 hour training covering nutrition/other topics beyond the scope of food handling. Interview with the administrator at 2:30pm on / revealed that she hadn't taken said training.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Resthaven of Hardee County, Inc
298 Resthaven Road
Zolfo Springs, FL 33890

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2017, 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.

St. Petersburg Field Office
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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