STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969028	01/09/2017
NAME OF PROVIDER OR SUPPLIER **ZON BEACHSIDE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1894 S PATRICK DR** **INDIAN HARBOR BEACH, FL 32937**	

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

0000 - Initial Comments

On 9, 2017 an initial Extended Congregate Care (ECC) survey was conducted. Zon Beachside LLC, license #12873, had deficiencies at the time of the survey.

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

Based on personnel record reviews and interview, the facility failed to ensure that 1 of 4 staff (A) submitted a healthcare provider statement that indicated freedom from communicable including within 6 months prior to hire or within 30 days of hire.

Findings:

Personnel record review for staff A, a certified nursing assistant, revealed a hire date of / / and a healthcare provider statement dated / that indicated staff A was free from communicable

During an interview with the administrator on / / at 1:15 PM, he confirmed the health care provider statement was not 6 months prior to hire or within 30 days of hire for staff A.

Class III

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

Based on interview and contract review, the facility failed to provide or arrange for 1 of 4 sampled staff (D) to receive the mandated in-service training.

Findings:

Upon entrance to the facility on / / at 10:55 AM, staff D identified herself as the interim director of nursing.

Review of a staffing contract revealed staff D began working at the facility on /. There was no evidence to confirm staff D received in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment, as required.

During an interview with the administrator on / / at 2:36 PM, he confirmed staff D did not receive the training.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969028	01/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZON BEACHSIDE LLC	**1894 S PATRICK DR INDIAN HARBOR BEACH, FL 32937**

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

Class III

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

Based on interview and contract review, the facility failed to provide or arrange for 1 of 4 sampled staff (D) to receive the required in-service training on the facility's policies and procedures regarding ( ) within 30 days of employment.

Findings:

Upon entrance to the facility on / at 10:55 AM, staff D identified herself as the interim director of nursing.

Review of a staffing contract revealed staff D began working at the facility on / / . There was no evidence to confirm staff D received in-service training on the facility's policies and procedures regarding within 30 days of employment, as required.

During an interview with the administrator on / / at 2:36 PM, he confirmed staff D did not receive the training.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure the personnel record for 1 of 4 staff (B) contained all the required documents.

Findings:

Personnel record review for staff B, a certified nursing assistant, revealed a hire date of and no evidence of a job description, as required.

During an interview with the administrator on / / at 2:36 PM, he confirmed staff B did not have a job description in the personnel record.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969028	01/09/2017
NAME OF PROVIDER OR SUPPLIER **ZON BEACHSIDE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1894 S PATRICK DR** **INDIAN HARBOR BEACH, FL 32937**	

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

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

Based on personnel record reviews and interview, the facility failed to ensure 1 of 4 staff (A) who required a background screening, did not have any disqualifying offenses and allowed staff (A) to work without an eligible background screening.
Findings:
Personnel record review for staff A, a certified nursing assistant, revealed a hire date of . The record contained an eligible background screening dated /
During an interview with the administrator on / / at 1:15 PM, he said staff A began providing direct resident care on / . He said the facility submitted a request for a background screening on / / and he confirmed the date of the eligible results was /
Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Zon Beachside LLC
1894 S Patrick Dr
Indian Harbor Beach, FL 32937

Dear Administrator:

This letter reports the findings of a 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.

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

XG90

Facebook.com/ACHAFlorida
.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida