STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964507	02/01/2017
NAME OF PROVIDER OR SUPPLIER **AUTUMN HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7999 SPYGLASS HILL ROAD** **VIERA, FL 32940**	

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

0000 - Initial Comments

On 1, 2017, a biennial re-licensure survey in conjunction with Limited Nursing Services (LNS) and Extended Congregate Care (ECC) was conducted on /. Autumn House, license #9049 had deficiencies at the time of the visit.

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

Based on interviews and personnel record reviews, the facility failed to ensure that 1 of 5 sampled staff (D) received the required in-service training on the facility's policies and procedures regarding ( ) within 30 days of hire.

Findings:

During an interview with staff D, a caregiver, on / at 2:45 PM, she said she had not received in-service training regarding . She said she was absent the day the training was given.

Personnel record review for Staff D revealed a hire date of / / . There was no evidence in the record to indicate she received the training within 30 days of hire, as required.

During an interview with the administrator on / at 3:45 PM, revealed she thought staff D received the training.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record reviews and interview, the facility failed to date their menus and keep regular and therapeutic menus on file for 6 months.

Findings:

Review of the facility menus revealed the menus in current use were not dated, as required. Review of the back of the menus revealed pre-printed sections for dates to be recorded and all sections were blank.

During an interview with the dietary manager on / at 1:50 PM, he said he did not date the menus,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964507	02/01/2017
NAME OF PROVIDER OR SUPPLIER **AUTUMN HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7999 SPYGLASS HILL ROAD** **VIERA, FL 32940**	

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

he did not have the dates recorded elsewhere, and said he did not keep the regular and therapeutic menus on file for 6 months. He said he did not know dating the menus and keeping the menus on file for 6 months was a requirement.

Class III

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

Based on personnel record reviews, review of the Agency's background screening clearing house, and interview, the facility failed to maintain an employee roster on the Agency's background screening clearing house that listed 1 of 5 facility employees (C) subject to a background screening.

Findings:

Personnel record review for staff C, the facility Extended Congregate Care registered nurse, revealed no hire date.

Review of the Agency's background screening clearing house revealed staff C was not listed on the facility roster.

During an interview with the administrator on / at 3:50 PM, she said staff C was hired in 2016. The administrator reviewed the facility roster on the Agency's background clearing house and confirmed staff C was not on the list, as required.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Autumn House
7999 Spyglass Hill Road
Viera, FL 32940

RE: Relicensure survey

Dear Administrator:

This letter reports the findings of a relicensure survey that was conducted on 1, 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.

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

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Theresa DeCanio at [redacted]-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TD:anc
Enclosure

XG90