STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932435	**02/09/2017**
NAME OF PROVIDER OR SUPPLIER **SHARICK'S DECK RETIREMENT RANCH**	STREET ADDRESS, CITY, STATE, ZIP CODE **4506 BRUTON ROAD** **PLANT CITY, FL 33565**	

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

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

Based on observation, interview, and record review, the facility failed to maintain the status of employees in the employee roster within the AHCA background screening clearinghouse (Clearinghouse), within 10 days of initial employment, for three (Staff A, Staff B, and Staff C) of three employee records sampled.

Findings included:

Reviews of the employee roster in the Clearinghouse were conducted on . . and . . . and showed that none of the facility's employees were entered.

A review of employee records conducted on showed that Staff A was hired on , Staff B was hired on . . . . , and Staff C was hired on . . . . .

Administrator was interviewed at 3:00 PM on and the employee roster in the Clearinghouse was displayed on a computer screen for their review. Administrator observed the computer screen and acknowledged that the employee roster section did not contain any names of the facility's employees. Administrator stated that they would make the necessary entries.

Unclassified

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0000 - Initial Comments

Assisted Living Facility

On , 2017 a biennial re-licensure survey with limited mental health (LMH) was conducted at Sharick's Deck Retirement Ranch. Deficient practice was identified during the survey.

(License number 5335)

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interview, the facility failed to maintain a safe and decent living environment.

Findings included:

During a tour of the facility beginning at 9:25 AM on , the eastern residential hallway was observed with one of two lighting fixtures not in working order, presenting a potential safety hazard. Staff A was interviewed at 9:50 AM on and asked to observe the hallway. Staff A acknowledged that one of the lights in the hallway was not working and stated that the owner had not fixed it yet. When asked how long it had been out of order, Staff A stated that they did not know how long it was broken.

The observation of the residents' the south hallway showed a shower stall with an approximate 1 inch brown stain on the floor of the stall. The shower head was stained and discolored brown (from its original white color). There was no toilet paper or hand towels present in the .

An interview was conducted at 9:35 AM on with Staff A who observed the residential the south hallway. Staff A acknowledged that there were no hand towels or toilet paper in the . Staff A also acknowledged the brown stains in the shower stall. An interview was conducted with Administrator at 3:11 PM on and they stated that the brown stains in the shower and shower head were due to iron in the facility's water supply.

Class III

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

Based on observation, record review, and interview, the facility failed to follow the planned menu based on the current USDA Dietary Guidelines with substituted items of comparable nutritional value for 24 of 24 sampled residents.

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Findings included:

An interview was conducted with Staff A at 9:56 AM on and they stated that they were in week 3 of their menu cycle. An interview was conducted with Staff D at 11:28 AM who stated that the facility was in week 2 of their menu cycle.

The lunch meal was observed at 12:54 PM on and residents were observed eating the following meal: Hamburger Helper Beef Pasta and buttered bread.

In a record review conducted at 9:43 am on of the day's menu (Thursday), Week 2 of the approved menu cycle, it stated lunch was to be: Meatloaf-3 oz, salad, rice and green peas- ½ cup each, 1 roll, ice cream-1/2 cup, and a beverage. Week 3 of the approved menu stated the lunch meal was to be: Roast Turkey-3 oz with gravy, dressing-1/2 cup, mixed vegetables-1/2 cup, 2 rolls, peach cobbler-1/2 cup, and a beverage.

In interviews conducted on , 2017 at 2:38 PM with Administrator and Staff A, they confirmed that the lunch meal served was a substitution where vegetables and fruits were not provided for the residents. Administrator stated, "I know, I didn't see any vegetables on the plate and knew that was wrong." Administrator also stated, "We don't always follow the menu, but they get more than what it says on there. We are allowed to substitute."

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on interview and record review, the facility failed to utilize a residential contract containing a provision stating that at least 30 days written notice will be given before any rate increase for three (#7, #8, and #10) of three residential contracts reviewed. Additionally, the facility failed to offer a contract for execution by the resident or the resident's legal representative before or at the time of admission for one (#7) of three sampled residential contracts.

Findings included:

A review of residential contracts conducted on showed that the contracts for Resident #7, #8, and #10 did not contain a provision that the facility would provide at least 30 days written notice of a rate increase.

Administrator was interviewed at 1:46 PM on concerning the 30 day rate increase provision in

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contracts and they stated that the contracts don't have that.

At 11:54 AM on , Resident #7's file was reviewed and observed 3 documents were observed: the contract, addendum, and facility policies, all dated . All documents were signed by Staff A and Administrator on Resident #7's behalf.

In interviews conducted on at 2:38 PM with Administrator and Staff A, they confirmed that they signed all documentation for Resident #7. Administrator stated, "We were told to do that." Administrator also stated that Resident #7 doesn't write well so we signed for him. Staff A stated that the boss told me to sign it so I signed it.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility failed to submit its emergency management plan, on an annual basis, for review and approval by the local emergency management agency.

Findings included:

During a meeting with Administrator at 10:00 AM on , a request was made for documentation concerning approval of the facility's emergency management plan. Administrator was interviewed at 12:49 PM on and stated that the plan was submitted and approved years ago, and had not submitted the plan for approval on an annual basis.

Class III