STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967078	**01/26/2017**
NAME OF PROVIDER OR SUPPLIER **VERANDA OF PENSACOLA, INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **6982 PINE FOREST ROAD** **PENSACOLA, FL 32526**	

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

0000 - Initial Comments

On , , 2017 through , , 2017, an unannounced licensure survey was conducted, in conjunction with a Limited Nursing Services monitoring visit at Veranda of Pensacola, license#11190. Deficient practice was identified at the time of this survey.

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

Based on staff interview and employee file review the facility failed to have freedom from communicable statements signed by a health care provider for 2 of 3 employees (B and C) reviewed.
The Findings Are:
A review of the filed for Employee B was conducted. She was hired . The area below the skin tests results for the communicable statement was left blank. (Photo evidence)
Employee C's file shows a hire date of . Her skin test was signed; however, the communicable statement was unsigned by a health care provider. (Photo Evidence)
The assistant administrator was interviewed on at 9:20 am. She confirmed the communicable statement was not signed. She reviewed the record and could not find any other documentation regarding communicable statements for either employee.
Class III