STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965113	**02/16/2017**
NAME OF PROVIDER OR SUPPLIER **ALMOST HOME BEACHES**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 WEST FIRST STREET** **ATLANTIC BEACH, FL 32233**	

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

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to ensure that 3 of 3 employees were listed on the facility's employee roster on the AHCA (Agency for Health Care Administration) background screening website.

The findings include:

A review of Employee A's personnel file revealed a hire date of . . . . . and an eligible level II background screening dated .

A review of Employee B's personnel file revealed a hire date of . . . . . and an eligible level II background screening dated .

A review of Employee C's personnel file revealed a hire date of . . . . . and an eligible level II background screening dated .

A review of the Agency for Health Care Administration's background screening website revealed the names of Employee A, B, or C were not listed on the roster in the AHCA background screening site.

In an interview with the Administrator at 2:30 PM on . . . . . she stated she had not yet been trained to use the ACHA background screening site. She acknowledged that Employees A, B, and C had not yet been added to the roster.

Unclassified

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0000 Initial Comments

On , 2017 an unannounced biennial re-licensure survey was conducted at Almost Home Beaches Assisted Living (License #9590). Deficient Practice was identified during the survey.

0078 Staffing Standards - Staff

Based on document review and staff interview the facility failed to provide evidence of a statement from a qualified health care provider indicating no signs or symptoms of a communicable for 1 of 4 employee files reviewed. (Employee B).

The findings Include:

The file for Employee B, with a hire date , did not have a statement from a health care provider indicating freedom from communicable .

During an interview with the Administrator on at 1:30 pm acknowledged that Employee B did not have a statement of communicable .

Class III

0086 Training - ADRD

Based on employee record review and staff interview the facility failed to ensure that 1 of 3 employees (Employee B) had received the required 4 hours training for 's and Related Level I within the first 3 months of the initial employment date.

The findings include:

The facility statement reads the following on their advertising materials; "Almost Home Assisted Living provides specialized care for patients, such as personal care for residents with 's or other memory ."

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

During a review of the file for Employee B, with a hire date of , no certificate of completion of " and Related Level I" was found in the employee file. Regulations require 4 hours of training within 3 months of hire.

During an interview with the Administrator on at 1:45 PM she acknowledged Employee B had not yet received training for 's and Related Level I . She agreed the Assisted Living Facility offers and advertises services for residents with 's .

Class III

0093 Food Service - Dietary Standards

Based on observation, interview, and record review, the facility failed to have a three day supply of non-perishable food on hand.

The findings include:

On the census of the facility was 11 residents. Observation of food storage area revealed there was not a three day supply of non perishable foods a sufficient to feed all her residents in the event of an emergency.

During an interview with the Administrator on at 2:45 PM she stated the plan was that additional protein foods and other needed supplies would be delivered in event of an emergency. The state regulations require the three day supply of emergency food be in stock at all times.

Class III