STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967611	**03/21/2017**
NAME OF PROVIDER OR SUPPLIER **FARRINGTON HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1970 FARRINGTON DRIVE** **MERRITT ISLAND, FL 32952**	

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

0000 - Initial Comments

A relicensure survey with Extended Congregate Care (ECC) and Limited Nursing Services (LNS) was conducted on , 2017. Farrington House, license #11613, had deficiencies at the time of the survey.

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on personnel record reviews and interviews, the facility failed to ensure that 3 of 4 sampled unlicensed staff (A, C & F) who provided assistance with the resident's medications, received the annual 2 hours of continuing education on providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF.)

Findings:

On at 9:30 AM, staff A, an unlicensed caregiver, said she assisted the residents with their medications. Personnel record review for Staff A revealed a certificate of completion dated for 6 hours of training on providing assistance with self-administered medications. There was no documented evidence Staff A received the required 2 hours of continuing education in 2017.

Staff C and Staff F, identified by the administrator as unlicensed caregivers who assisted the residents with their medications, had a certificate of completion dated for 6 hours of training on providing assistance with self-administered medications. There was no documented evidence staff C or staff F received the required 2 hours of continuing education in 2017.

During an interview with the administrator on at 2:15 PM, she confirmed the findings and said all of the staff were signed up to take the 2 hours of continuing education class in , .

Class III

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

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

Findings:

Personnel record review for staff B, a caregiver, revealed a hire date of .

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

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

During an interview with the administrator on at 1:08 PM, she confirmed the finding and said she may have forgotten to add staff B to the roster.

Unclassified