STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968206	**03/29/2017**
NAME OF PROVIDER OR SUPPLIER **SAFETY HARBOR SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 MAIN STREET** **SAFETY HARBOR, FL 34695**	

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 employment status of employees within the employee roster listed in the AHCA background screening clearinghouse (Clearinghouse), within 10 business days of initial employment, for 1 (Staff C) of four employee records reviewed.

Findings included:

A review of employee records conducted on . . . showed that Staff C was hired on . . . . A review of the facility's employee roster in the Clearinghouse was conducted on and it showed that Staff C's name and information was not entered.

The interim administrator was interviewed at 3:10 PM on concerning the omission of Staff C from the employee roster in the Clearinghouse. The interim administrator stated that they would fix it.

Unclassified

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0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017000196), was conducted at Safety Harbor Senior Living on . Safety Harbor Senior Living had deficiencies at the time of the investigation.

(License # 12118)

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 treat residents with consideration and respect with due recognition of personal dignity and the need for privacy for 1 of 31 residents observed.

Findings included:

During a tour of the facility at 10:20am on , a hand-written paper sign was observed taped to a closet door in the corridor of the second floor memory care unit. The sign (Photo 1, Resident #1 attached) could be seen by anyone passing through the facility - residents, staff and visitors alike. The sign stated the following, "(Name of Resident #1) Depend Adjustable Underwear, LG/XL".

The Interim Administrator was interviewed at 3:00pm. After seeing the sign, the Interim Administrator stated that it should not have been posted in a public area, then took the sign down and stated that they would have a staff meeting soon and address the issue. The Interim Administrator stated that the staff needed "some brushing up" on things.

Class III

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

Based on interview and record review, the facility failed to provide proof of a written statement from a health care provider, within 30 days after beginning employment, documenting that the individual does not have any signs or symptoms of communicable . . . . . (Communicable . . . . . Statement)for one (Staff C) of four employee records reviewed. Additionally, the facility failed to provide evidence of a

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

negative examination (Exam), documented on an annual basis, for one (Staff B) of four employee records reviewed.

Findings included:

An employee record review was conducted on . A review of Staff C's record showed a date of hire of and Staff B's record showed a date of hire of . The review of Staff C's record showed the absence of a Communicable Statement. The review of Staff B's record showed that the last Exam was dated .

The interim administrator was interviewed at 3:07 PM on and asked to show proof of a Communicable Statement for Staff C and a current Exam for Staff B. The interim administrator reviewed the records and acknowledged that the Communicable Statement and current Exam documents were not there.

Class III

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

Based on interview and record review, the facility failed to provide proof of successful completion of the initial four hour training for unlicensed persons that provide assistance with self-administered medications (Med Tech Training), for one (Staff C) of three employee records reviewed.

Findings included:

A review of employee records was conducted on . A review of Staff C's record showed a date of hire of . The review of Staff C's record showed no proof of Med Tech Training. Staff C was interviewed at 11:05 AM on and they stated that they assist residents with self-administration of medications.

The interim administrator was interviewed at 3:05 PM on and asked for proof that Staff C had Med Tech Training. The interim administrator reviewed Staff C's record and stated that it wasn't there.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

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

Based on interview and record review, the facility failed to provide proof of an annually approved menu with portion sizes indicated. Additionally, the facility failed to show proof that of a file consisting of six months of menus that were served.

Findings included:

During the entrance conference conducted with the interim administrator at 9:25 AM on , a request was made to provide a copy of the facility's menu cycle and the file of dated menus that were served over the past six months.

The menu cycle that was presented did not contain serving sizes as is required. The facility was not able to provide a file of menus that were dated for the past six months.

The interim administrator was interviewed at 3:15 PM on and acknowledged that the menu cycle provided did not contain serving sizes and the six month file of dated menus was not presented.

Class III