STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964655	04/19/2017
NAME OF PROVIDER OR SUPPLIER **FREMONT MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **909 FREMONT AVENUE** **WINTER PARK, FL 32789**	

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

0000 - Initial Comments

A complaint investigation #2017002641 was conducted on . Fremont Manor license #9198 had deficiencies at the time of the visit.

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

Based on record review and interview the facility failed to ensure freedom from communicable including ( ) was obtained within 30 days of hire for 1 of 7 sampled staff (G).

Findings:

Personnel record review for staff G, a caregiver revealed a healthcare provider statement dated that indicated freedom from . The review revealed no evidence to confirm the facility obtained a statement from a healthcare provider that indicated the staff was free from communicable including based on an examination conducted no earlier than 6 months before submission of the statement or within 30 days of hire.

Staff G stated in an interview on at 11:30 AM that she was hired on , 2017 and did not have a statement from the healthcare provider.

The administrator stated on at 12:30 PM in a telephone interview that she had recently become the administrator and was not aware the personnel file did not have all the required documentation.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observations and interview the facility failed to maintain a written work schedule that reflected its 24-hour staffing pattern for a given time period.

Findings:

During the entrance interview on at 9 AM .staff G stated she was the sole caregiver. She did not live in and her shift was from 6 AM to 6 PM and staff D would come at 6 PM and stay overnight. The facility census was 10 residents.

Review of the staff schedule for , 2017 revealed the staff schedule was a calendar like schedule that

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began on Monday and ended on Sunday. The schedule listed a single staff name each day of the week. Continued review revealed the schedule did not indicate the hours or shift the staff was assigned to work. The review revealed staff G was the only staff on the schedule to work on .

The administrator stated on at 12:30 PM in a telephone interview that she had recently become the administrator and was not aware the schedule was not accurate.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on observations, interviews and record review the facility did not provide or arrange for 1 of 7 sampled staff (G) to receive the mandated in-services training.

Findings:

During the entrance interview on at 9 AM staff G stated she was the sole caregiver. She did not live in and her shift was from 6 AM to 6 PM and staff D would come at 6 PM and stay overnight. The facility census was 10 residents.

Review of the , 2017 schedule revealed the schedule was a calendar for , 2017 that started the weeks on Mondays and ended Sundays. The schedule listed staff G as working on , , , , , , and /17.

Observations on at 10:30 AM noted she prepared lunch for the residents.
Observations on at 11:30 AM noted she served the residents lunch.

Personnel record review for staff G revealed no evidence to confirm she attended /received the following training:

1, A minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures before providing personal care to residents.

2. 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living.

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There was no evidence to confirm he was a home health aide (HHA) or a Certified Nursing Assistant (CNA), therefore except from the above training.

3. A 1-hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and

4. A 1-hour-in-service training in safe food handling practices

There was no evidence to confirm he attended the ALF CORE training and was therefore exempt from the above training

5. A minimum of 1 hour in-service training that covered the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

6. An in-service training regarding the facility's resident elopement response policies and procedures.

In an interview with staff G on at 11 AM who stated she was hired in , 2017. She said she had not received training from the facility, except for the 4 hour medication training and she had

The administrator stated on at 12:30 PM in a telephone interview that she had recently become the administrator and was not aware the personnel file did not have all the required documentation.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on observations and interviews the facility did not provide or arrange for 1 of 7 sampled staff (G) to receive a one-time education course on and .

Findings:

During the entrance interview on at 9 AM staff G stated she was the sole caregiver. She did not live in and her shift was from 6 AM to 6 PM and staff D would come at 6 PM and stay overnight. The facility census was 10 residents.

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Personnel record review for staff G revealed no evidence to confirm she received a one-time education course on and .

In an interview with staff G on at 11 AM who stated she was hired in , 2017. She said she had not received training from the facility, except for the 4 hour medications and she had .

The administrator stated on at 12:30 PM in a telephone interview that she had recently become the administrator and was not aware the personnel file did not have all the required documentation.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on personnel record review and interview the facility failed to ensure 1 of sampled staff (G) was certified in , , , ( ) and First Aid was in the facility at all times when residents were present.

Findings:

During the entrance interview on at 9 AM staff G stated she was the sole caregiver. She did not live in and her shift was from 6 AM to 6 PM and staff D would come at 6 PM and stay overnight. The facility census was 10 residents.

Review of the , 2017 schedule revealed the schedule was a calendar for , 2017 that started the weeks on Mondays and ended Sundays. The schedule listed staff G as working alone on , , , , , , and /17.

Personnel record review for staff A revealed a certification card with an expiration date of . The review revealed no evidence to confirm the staff had current First Aid certification.

In an interview with staff G on at 11 AM who stated she was hired in , 2017. She said she had not receive training from the facility, except for the 4 hour medication training and she had .

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on observations and interviews the facility failed to ensure 1 of 7 sampled staff (G) who provided

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care to residents, received at least one hour of training in the facility's policies' and procedures regarding ( ).

Findings:

Personnel record review for staff G revealed no evidence to confirm she received a one hour training in the facility's policies and procedures regarding .

In an interview with staff G on at 11 AM who stated she was hired in , 2017. She said she had not receive training from the facility, except for the 4 hour medication training and she had .

The administrator stated on at 12:30 PM in a telephone interview that she had recently become the administrator and was not aware the personnel file did not have all the required documentation.

Class III

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

Based on record reviews and interview the facility did not maintain an employee roster on the Agency's Background Screening (BGS) Clearing House that listed all the facility employees subject to a background screening for 4 of 7 sampled employees (A, D, E & G).

Findings:

Review of the facility's Background Screening Clearing House roster on at10 AM revealed the facility employee roster did not list staff A, (the administrator), staff D, E, and G.

The administrator stated on at 12:30 PM in a telephone interview that she had recently become the administrator and was not aware the roster was not updated.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on personnel, facility record review and interview the facility failed to ensure 2 of 7 staff (C and G), whom were in a role that required a background screening (BGS) did not have any disqualifying offenses and allowed staff C to remain as the administrator and staff G was allowed to work without a current screening.

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Findings:

1. Review of the Agency's Health finder on revealed the site indicated that staff C was the administrator and had half ownership of the facility.

Review of the Agency BGS Internet website on at 4 PM revealed that staff C was not eligible to work in at AHCA licensed facility effective 11/ .

On at 9 AM during the entrance interview staff G called staff C (owner/former administrator) to explain the nature of Agency's visit. Staff C said staff A was the new administrator.

In a telephone interview with the administrator on at 10 AM who stated she had recently become the administrator for the facility and the paperwork was submitted to the Assisted Living Unit in Tallahassee.

The ALF unit supervisor confirmed that a change of administrator form was received in Tallahassee on .

2. Personnel record review for staff G revealed a job application that indicated she worked at a fast food restaurant from to . The review revealed a background screening result that indicated eligible on . The screening listed her last time employed at an ACHA licensed facility was on more than 90 days grace period.

In an interview with staff, G on at 11:30 who stated the administrator told her she would look up her fingerprint results. She did not go for finger printing/scanning.

The administrator stated on at 12:30 PM in a telephone interview that she had recently become the administrator and was not aware the personnel file did not have all the required documentation.

Unclassified

Z821 - Reporting Requirements; Electronic Submission - 59A-35.110 FAC

Based on resident record review and interview the facility failed to ensure an adverse incident report was submitted to the Agency.

Findings:

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Review of the Agency BGS Internet website on at 4 PM revealed that staff C was not eligible to work in at AHCA licensed facility effective 11/.

On at 9 AM during the entrance interview staff G called staff C (owner/ former administrator) to explain the nature of Agency's visit. Staff C said that staff A was the new administrator.

During an interview with Staff C on at approximately 1:15 PM revealed that an incident occurred at the facility on involving her and a member of her family. Law Enforcement was called to the facility.

In an interview with the administrator (staff A) on at 2:30 PM who said that an adverse report was not submitted and she was not the administrator at the time of the event.

Unclassified