| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968269 | 05/24/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**SARAH HOUSE III, THE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1001 OLD TOMOKA RD**<br>**ORMOND BEACH, FL 32174** | |

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

**0000 - Initial Comments**

A complaint investigation, CCR# 2017002594, was conducted at The Sarah House III (License #12175) on , 2017. The Sarah House III had deficiencies found at the time of the investigation.

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

Based on record review and staff interview, the facility failed to obtain a written statement from a healthcare provider documenting 1 of 4 employees did not have any signs or symptoms of a communicable within 30 days of employment. (Employee C) Based on record review and staff interview the facility also failed to obtain evidence of a negative ( ) examination on an annual basis for 1 of 4 sampled employees (Employee D).

The findings include:

Record review of the employee file for Employee C (hired ) found no evidence of a communicable statement.

Record review for Employee D (hired ) found the most recent evidence of a negative screening was on .

The findings were confirmed during interview with the Community Director on at 12:07 PM. She stated she was aware Employee D needed her annual screening and that she did not have a communicable statement for Employee C and had left her a message to see if she had one.

Class III

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

Based on record review, and staff interview, the facility failed to update the agency background screening clearing house for 1 of 3 sampled employees currently working at the facility (Employee C) and failed to remove from the clearing house 41 employees no longer working at the facility.

The findings include:

During an interview with the Community Director on at 9:12 AM, she stated she does the

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hiring, background screening and some of the training at the facility. She was asked how many employees the facility had and she stated about 20. She provided a list of employees. Record review of the list found the facility had 20 employees.

Record review of the employee file for Employee C found she was hired as a caregiver on . The most recent Level II Background Screening for Employee C was dated . A review of the Agency's Background Screening clearing house website on at 12:00 PM found Employee C was not listed.

Further record review of the system found the facility showed 61 employees, with two employees listed three times and two employee listed two times. There were 41 employees showing that were not on the list of employees the facility provided.

Further interview with the Community Director on at 12:07 PM confirmed Employee C was not showing in the system for Sarah House III. She stated Employee C was working at one of their other facilities and she did not add her to Sarah House III. She also stated that she was not aware that she need to remove employees from the system when they were no longer employed.

Unclassified

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

Based on observation, interviews and record review, the facility failed to ensure 1 of 5 sampled employees (Employee A) with an ineligible screening was removed from working at the facility and failed to ensure 1 of 5 sampled employees (Employee E) received a Level II screening prior to working with residents at the facility.

The findings include:

Record review of the Level II background screening for Employee A (date of hire ) revealed she was found not eligible on . The findings were confirmed by the Community Director and the Director of Operations who both stated during interview on at 12:10 PM they were aware Employee A's status was pending and then her case was closed with the Agency For Health Care Administration because they did not get records timely for the employee in order to determine her eligibility. Both stated Employee A has the code to the facility and has access to the facility though the front door. Observation of the location of the kitchen in the facility found it was directly off a hall with resident .

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During an interview with Employee An on at 12:30 PM, she stated she was aware her background screening was not approved and the facility was aware. She stated she had to leave the state and get information.

Record review of the kitchen staff schedule found Employee A was on the schedule to work alone in the kitchen from 6:00 AM-2:00 PM on Monday, Tuesday, Wednesday, Friday and Saturday. During an interview with the Community Director on at 9:12 AM, she stated that she and the Director of Operations usually come in the building around 9:00 AM.

Employee A was observed walking through the living dining of the facility on at 9:10 AM. She wsa then observed at 11:40 AM walking through the living into the dining to pitchers of drink in and set them on a counter. At the time of both observations, the dining living was full of residents.

Record review of the list of employees provided by the Community Director found Employee E in comparison to the employees listed working at the facility in the Agency for Healthcare Administration 's background screening system found no evidence that Employee E worked at the facility. During an interview with the Community Director on at 1:00 PM, she stated Employee E started employment on . She stated the Employee E needed money to get the background screening so she allowed her to work. The Community Director stated she was not aware employees should not work until they are screened and determined eligible. She confirmed that Employee E worked at the facility providing care to residents beginning , most recently worked , and , and was on the schedule again to work on , and . Record review of the employee schedules also confirmed Employee E worked at the facility beginning and continued to work.

Unclassified