STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910068	**05/22/2017**
NAME OF PROVIDER OR SUPPLIER **NEW HORIZON SHARE HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **2100 WEST STATE ROAD 540** **WINTER HAVEN, FL 33880**	

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

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

Based on record review and interview, the facility failed to ensure that one (Staff D) of three employee selected for record review completed the required Level 2 background screening after a gap in employment that exceeded 90 days prior to employment.

Findings included:

Review of Staff D employment application revealed that Staff D had a gap in employment from to . Per Employment history listed in the BGS-(background screening), Staff D ' s last day of employment date was on .

Record review, conducted on revealed that Staff D was hired by the facility on .

Review of the BGS Clearinghouse roster revealed that Staff D was deemed eligible on .

During a interview with the facility administrator on 12:12 p.m. The administrator reviewed Staff D file with surveyor and confirmed findings.

During a interview with Staff D on 1:32 p.m. Staff D confirmed she became employed at the facility on as a Resident Care Aide. She confirmed she provides direct care assistance to multiple residents on a daily basis. Staff D confirmed prior to becoming employed with the facility she was unemployed for more than five months.

Unclassified

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SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

Assisted Living Facility

A biennial state licensure survey with extended congregate care (ECC) survey was conducted at New Horizon Share Home Assisted Living Facility on . New Horizon Share Home Assisted Living Facility had deficient practice identified at the time of the visit.

(License # 5495)

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Assisted Living Facility

Based on observation and interview, Staff A failed to follow control protocol while assisting in the self administration of the 12 noon medications to five of five sampled residents (# 6, #7, #8, #9, #10) on .

Findings included

Staff A was observed assisting five of five residents self administer their noon medications . She washed her hands and donned gloves. She never removed the gloves or washed her hands before going to five of five sampled residents (# 6, #7, #8, #9, #10).
When asked how many times did she (staff A) remove gloves during the self administration of medication she replied, "I did not. I have no excuse, I did not, I usually do."

Class III