STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965636	**05/22/2017**
NAME OF PROVIDER OR SUPPLIER **JENNIFER GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **7334 JENNIFER STREET** **PORT RICHEY, FL 34668**	

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview, the facility failed to maintain a signed Attestation of Compliance in all employee's personnel file for five employees (Administrator, A, B, C, and D) of five sampled employees.

Findings included:

An employee record review conducted on for Staff A, hire date , revealed no signed Attestation of Compliance in the employee's personnel file.

An employee record review conducted on for Staff B, hire date , revealed no signed Attestation of Compliance in the employee's personnel file.

An employee record review conducted on for Staff C, hire date , revealed no signed Attestation of Compliance in the employee's personnel file.

A focused employee record review conducted on for Staff D, revealed no signed Attestation of Compliance in the employee's personnel file.

An interview conducted on at 10:45am confirmed the missing signed Attestation of Compliance document in all personnel files as the Administrator stated, "we keep them in a separate file." At 02:40pm the Administrator continued to be unable to produce signed Attestation of Compliance document for each employee and stated, "I thought that was no longer a requirement."

Unclassified

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

Based on record review and interview the facility failed to register with the Background Screening Clearinghouse and maintain employment status of two employees (D and E) of five sampled employees.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965636	**05/22/2017**
NAME OF PROVIDER OR SUPPLIER **JENNIFER GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **7334 JENNIFER STREET** **PORT RICHEY, FL 34668**	

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

A review of the Background Screening Clearinghouse conducted on [redacted], the facility's employee roster (Evidence3) revealed that Staff D was not included. Staff D has a job description as a 02:30pm - 11:00pm Aide and is on the facility's work schedule (Evidence7)

A review of the Background Screening Clearinghouse conducted on [redacted], the facility's employee roster (Evidence3) revealed no end date of employment for Staff E. Staff E is not on the facility's work schedule (Evidence7).

An interview conducted on [redacted] at 10:00am the Administrator confirmed and acknowledged that Staff E was no longer employed and the Background Screening Clearinghouse Employee Roster had not been updated.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965636	05/22/2017
NAME OF PROVIDER OR SUPPLIER **JENNIFER GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **7334 JENNIFER STREET** **PORT RICHEY, FL 34668**	

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

0000 - Initial Comments

Assisted Living Facility

A biennial state licensure survey in conjunction with a re-visit (CCR# 2017000971 and CCR# 2017003232) was conducted on at Jennifer Garden's ALF. Deficient practice was identified at the time of the visit.

(License # 10043)

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 honor Resident rights by failing to ensure a safe and hazard-free living environment for two Residents (#14 and #15) of two sampled Residents who use portable tanks.

Findings included:

An observation on at 02:20pm discovered two freestanding tank (Evidence1) in Resident #15 . There was also four tanks in a four tank secure holder and one tank in a secure tank holder on the back of the wheelchair.

An observation on at 02:23pm discovered one freestanding tank (Evidenc2) in Resident #14 . There was also one tank in a secured wheeled holder.

An interview conducted on at 02:36pm confirmed that the facility does not have a policy and procedure on safe storage and is unable to describe safe storage of portable tanks.

The National Fire and Protection Association (NFPA) and Occupational Safety and Health Administration standard for safe cylinder storage is that "all freestanding cylinders must be stored in a rack, a cart, or another enclosure to protect them. Unsecured cylinders could , breaking the valve and possibly resulting in a rapid release of the gas, propelling the cylinder and turning it into a dangerous projectile."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965636	**05/22/2017**
NAME OF PROVIDER OR SUPPLIER **JENNIFER GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **7334 JENNIFER STREET PORT RICHEY, FL 34668**	

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

Class III

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

Based on staff record review and interview the facility failed to ensure all facility employees completed a one-time 2-hour ( ) and (&) ( ) education course within 30-days of employment for two employees (A & B) of four sampled employees.

Findings included:

An employee record review conducted on of Staff A's employee record revealed no documentation for a one-time 2-hour education course for & training within 30-days of hire date.

An employee record review conducted on of Staff B's employee record revealed documentation for a one-hour training versus a 2-hour required & training within 30-days of hire date.

An interview conducted on at 11:30am the Administrator confirmed and acknowledged that Staff A was missing the required & training and Staff B did not have the required hours for the one-time 2-hour & AID training requirement. The Administrator was unable to locate & training certificate for Staff A and stated that we will get those done.

Class III

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

Based on record review and interview, the facility failed to ensure that all direct care staff completed a one-hour training in the facility's policy and procedures for ( ) within 30-days of employment for four employees (A, B, C, and D) of four sampled employees.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965636	**05/22/2017**
NAME OF PROVIDER OR SUPPLIER **JENNIFER GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **7334 JENNIFER STREET** **PORT RICHEY, FL 34668**	

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

An employee record review conducted on for Staff A, revealed documentation for a 0.5-hour training versus the 1-hour training requirement within 30-days of hire date.

An employee record review conducted on for Staff B, revealed documentation for a 0.5-hour training versus the 1-hour training requirement within 30-days of hire date.

An employee record review conducted on for Staff C, revealed documentation for a 0.5-hour training versus the 1-hour training requirement within 30-days of hire date.

An employee record review conducted on for Staff D, revealed documentation for a 0.5-hour training versus the 1-hour training requirement within 30-days of hire.

An interview conducted on at 11:35am the Administrator confirmed and acknowledged all staff had the same training and did not realize the training did not meet hour requirements.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965636	**05/22/2017**
NAME OF PROVIDER OR SUPPLIER **JENNIFER GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **7334 JENNIFER STREET PORT RICHEY, FL 34668**	

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

0000 - Initial Comments

Assisted Living Facility

Amended

A biennial state licensure survey in conjunction with a re-visit (CCR# 2017000971 and CCR# 2017003232) was conducted on . . . at Jennifer Garden's ALF. Deficient practice was identified at the time of the visit.

Please note that the text for Tag A 0082 was administratively changed on . . . .

(License # 10043)

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 honor Resident rights by failing to ensure a safe and hazard-free living environment for two Residents (#14 and #15) of two sampled Residents who use portable ,, tanks.

Findings included:

An observation on at 02:20pm discovered two freestanding ,, tank (Evidence1) in Resident #15 . . . There was also four ,, tanks in a four tank secure holder and one tank in a secure tank holder on the back of the wheelchair.

An observation on at 02:23pm discovered one freestanding ,, tank (Evidenc2) in Resident #14 . . . There was also one ,, tank in a secured wheeled holder.

An interview conducted on . . . . at 02:36pm confirmed that the facility does not have a policy and procedure on safe ,, storage and is unable to describe safe storage of portable ,, tanks.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965636	**05/22/2017**
NAME OF PROVIDER OR SUPPLIER **JENNIFER GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **7334 JENNIFER STREET PORT RICHEY, FL 34668**	

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

The National Fire and Protection Association (NFPA) and Occupational Safety and Health Administration standard for safe cylinder storage is that "all freestanding cylinders must be stored in a rack, a cart, or another enclosure to protect them. Unsecured cylinders could , breaking the valve and possibly resulting in a rapid release of the gas, propelling the cylinder and turning it into a dangerous projectile."

Class III

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

Based on staff record review and interview the facility failed to ensure all facility employees completed a one-time ( ) and (&) , ( ) education course within 30-days of employment for one employee (Staff A) of four sampled employees.

Findings included:

An employee record review conducted on of Staff A's employee record revealed no documentation for a one-time 2-hour education course for & training within 30-days of hire date.

During an interview conducted on at 11:30am, the Administrator confirmed and acknowledged that Staff A was missing the required & training requirement. The Administrator was unable to locate & training certificate for Staff A and stated that we will get those done.

Class III

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

Based on record review and interview, the facility failed to ensure that all direct care staff completed a one-hour training in the facility's policy and procedures for ( ) within 30-days of employment for four employees (A, B, C, and D) of four sampled employees.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965636	**05/22/2017**
NAME OF PROVIDER OR SUPPLIER **JENNIFER GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **7334 JENNIFER STREET** **PORT RICHEY, FL 34668**	

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

An employee record review conducted on for Staff A, revealed documentation for a 0.5-hour training versus the 1-hour training requirement within 30-days of hire date.

An employee record review conducted on for Staff B, revealed documentation for a 0.5-hour training versus the 1-hour training requirement within 30-days of hire date.

An employee record review conducted on for Staff C, revealed documentation for a 0.5-hour training versus the 1-hour training requirement within 30-days of hire date.

An employee record review conducted on for Staff D, revealed documentation for a 0.5-hour training versus the 1-hour training requirement within 30-days of hire.

An interview conducted on at 11:35am the Administrator confirmed and acknowledged all staff had the same training and did not realize the training did not meet hour requirements.

Class III