STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943002	**06/26/2017**
NAME OF PROVIDER OR SUPPLIER **GUARDIAN HOME ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **431 E. AIRPORT BLVD.** **SANFORD, FL 32773**	

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

0000 - Initial Comments

A Limited Nursing Services (LNS) monitoring visit was conducted on , 2017. Guardian Home ALF, LLC, license #5629, had a deficiency at the time of the visit.

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

Based on personnel record reviews and interview the facility failed to ensure that 3 of 3 personnel records (A, C, and the administrator) contained documented evidence of a negative ( ) examination on an annual basis.

Findings:

1. Staff A was hired in the capacity of a caregiver in , 2014. Review of the personnel record for staff A revealed the results of a chest x-ray that was dated indicated no active .

2. Personnel record review for staff C, a registered nurse and facility co-owner of the facility since 2005, revealed a questionnaire that was completed and signed by staff C on .

3. Personnel record review for the administrator, co-owner of the facility since 2005, revealed the results of a chest x-ray that was dated indicated no active .

The personnel records for staff A, staff C, and the administrator did not contain documented evidence of a negative examination for 2016, as required.

On at 10:50 am, the administrator confirmed the findings.

Class III