STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967664	**07/05/2017**
NAME OF PROVIDER OR SUPPLIER **NORCRIST HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **542 NW 8TH STREET** **MIAMI, FL 33136**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on , 2017. Norcrist Home, Inc. (License #11671) with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey.

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

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

Finding included:

Review of the staffing schedule revealed that Staff G and H were listed.

On at 10:25 am the administrator's assistant stated that Staff G works at their other facility and at 10:45 am she stated that Staff H works as relief staff.

On at 10:35 am the administrator's assistant brought a new schedule with the changes done.

Class III

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

Based on record review and interview the facility failed to ensure that a staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses be in the facility at all times.

Findings included:

Record review of Staff F's file revealed and First Aid training expired on .

On at 1:12 pm Staff C stated that Staff F works the night shift alone and that it is very difficult for her to go to the training.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interview the facility failed to keep the current week menu posted.

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Findings included:

Upon arrival to the facility on at 9:05 am, the menu that was posted on the bulletin board in the dining for the week of 25 to .

On at 9:20 am Staff C stated she knew it was old.

On after the tour was finished Staff C posted the menu for the week of to .

Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview the facility who serve as representative payee for four residents failed to have a Surety Bond executed.

Findings included:

On at 10:10 am the administrator stated that she is the payee for 4 residents and that she did not have a surety bond; she also stated that she knows that she needs the surety bond but she did not buy it because she is not sure if she will continue with the ALF.

Record review revealed the facility did not have a surety bond while acting as the representative payee.

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview the facility failed to have an annual Community Living Support Plan for 1 out of 8 sampled residents (Resident # 4).

Findings included:

On at 1:50 pm the administrator identified Resident #4 as limited mental health resident.

Review of Resident #4's record revealed that the community living support plan was signed and dated by his psychiatrist on .

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On at 3:00 pm the administrator stated that the doctor was going to do the new ones in , but they were planning to place Resident #4 in a program and he refused to participate. She stated that she will let the psychiatrist know that he did not do it.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility that has Limited Mental Health (LMH) component in its license failed to ensure that staff complete a minimum of 3 hours of continuing education in limited mental health topics for 3 out of 6 sampled staff (Staff A, D and F).

Findings included:

Record review revealed that the administrator and Staff D took a 2 hours of continuing education in limited mental health topics on . Review also revealed Staff F took 3 hours of continuing education on .

On at 11:43 am the administrator's assistant stated that she took 3 hours and she did not know why the certificate said 2 hours; also stated that Staff D also had 2 hours. She also stated that the trainer wrote 2 hours by mistake. She stated that she will let Staff F know that she needs the update.

Class III

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

Based on record review and interview the facility failed to have the signed attestation of compliance in the staff personnel record for 5 out of 6 sampled staff (Staff A, B, C, E and F).

Findings included:

Record review of Staff A, B, C, E and F's files revealed the facility did not have completed attestation of compliance forms in their personnel records.

On at 1:03 pm the administrator's assistant stated that she had to print the attestation of compliance and give it to the employees to sign it.

On at 3:40 pm during the exit conference the administrator's assistant stated she had already printed the attestation forms and that she would give them to the employees to sign it.

Unclassified

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

Based on record review and interview the facility failed to maintain the employment status of all employees within the clearinghouse.

Findings included:

Review of the staffing schedule revealed that Staff G was listed as working Sundays and Thursdays. Staff H was also listed on the staff schedule.

On at 10:25 am the administrator's assistant stated that Staff G works at their other facility and at 10:45 am she stated that Staff H works as relief staff.

Unclassified