| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11953250 | R<br>07/26/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**HOMESTEAD RETIREMENT** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1117 MASSACHUSETTS AVENUE**<br>**SAINT CLOUD, FL 34769** | |

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

**0000 - Initial Comments**

A revisit to the 6-month licensure survey was conducted on . Homestead Retirement license #245 had deficiencies at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview the facility did not maintain an employee roster on the Agency 's Background Screening (BGS) Clearing House that listed all the facility employees subject to a background screening for 8 of 9 facility employees ( B, C, D, E, F, G, H and I).

Findings:

Review of the facility's Background Screening Clearing House roster on at 9 AM revealed the facility employee roster listed 4 past employees and 3 current employees that included staff A.

Review of the facility staff schedule for the week on to noted that 2 of the 3 employees listed on the BGS roster were not listed on the schedule. The schedule listed 8 caregivers that included staff A.

In an interview with the supervisor on at 11 AM who stated the 2 staff were no longer employed at the facility. She updated the roster buy adding the date that staff stopped working at the facility. She did not add the 6 current employees (B, C, D, E, F and G) or the cook (staff I), or herself (staff H) to the roster. She misunderstood what she needed to.

Unclassified

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

Based on observations, personnel record review and interview the facility failed to ensure 1 of 9 staff (A), who was in a role that required a background screening (BGS) did not have any disqualifying offenses and allowed the staff to work before the level 2 background screening was completed.

Findings:

Review of the facility's Background Screening Clearing House roster on at 9 AM revealed the facility employee roster listed 4 past employees and 3 current employees that included staff A with a hire date of .

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Personnel record for staff A reveled a hire dated of (caregiver). The review revealed a BGS dated that indicated she was eligible. She had not worked at an AHCA licensed facility since she terminated employment in per employment application.

In an interview with the supervisor on at 11 AM who stated staff A worked at the facility previously, left on , and was re-hired on and a new screening was not done.

Unclassified

**Z821 - Reporting Requirements; Electronic Submission - 59A-35.110 FAC**

DEFICIENCY REMAINED UNCORRECTED

Based on incident report review and interview the facility failed to file adverse incident reports required pursuant to Sections 429.23(3) and (4), F.S. and Rule 58A-5.0241, F.A.C for multiple incidents involving 3 of 4 sampled residents. (#12, #13, #14).

Findings:

On a 6-month licensure survey conducted on , the facility was cited for not submitting adverse reports after the police were called because residents' whereabouts were unknown after a resident-to-resident altercation.

During an interview on ay 11 AM the supervisor said there were no adverse incidents to report. She said did not submit reports for the events listed below because they were old (past) incidents and she had technical difficulties with the web site. She did not know they needed to be submitted although they were old.

These were some of the events:

1. Resident #13
   - whereabouts unknown at evening medication time. Non-emergency police number called.
   - Called non-emergency, wrote incident report, resident not in the facility
   the police came to facility, resident not in the facility
   - whereabouts unknown, police notified

2. Resident # 12

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

@ 10:45 PM non-emergency called to report resident missing.
@ 11 PM called non-emergency to report resident missing after last seen at 8:30 PM.

3. Resident #14 argued with another resident, almost to a fistfight. The police was called.

Unclassified