STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966232	**07/26/2017**
NAME OF PROVIDER OR SUPPLIER **M & R PERSONAL CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1289 SOUTH HILLSBOROUGH AVENUE** **ARCADIA, FL 34266**	

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

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

Based on review of the facility staffing list and the facility clearing house roster as well as interview with facility staff, the facility failed to ensure the facility roster was accurate and up to date.

The findings include:

A review of the facility's staff listing revealed there was a total of 11 staff (staff A-K). A review of the facility clearing house roster revealed that the facility had listed 8 staff on it's roster. This included staff A, C, G, H, K, L, M, and N.

On at 10:30 a.m., Staff J said Staff L and M no longer work for the facility and have not for a long time, although she was unsure of exact dates. Staff A, D, E, F, I, and J, while actively employed by the facility, were not listed on the clearing house roster.

On at 10:30 a.m., Staff J agreed they had not been keeping up with the roster. She further said she thought some of the staff were listed on their other facility and had not been placed on this facility roster.

Unclassified

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

Based on a review of caretaker files and staff interview, the facility failed to ensure current background screenings were conducted on 2 (Staff A and D) of 4 staff reviewed.

The findings included:

1. Staff A who is a resident caretaker was hired on . A review of the personnel file for Staff A revealed the most recent screening was done on . This staff member should have had a repeat screening done on . There was no evidence in the record this was completed.

2. Staff D was hired as a resident caretaker on . There was no documented Agency for Health Care administration screening present in this file.

3. On at 10:30 a.m., Staff J agreed that Staff A should have been rescreened. She provided a different screening for Staff D which was done for Children and Family Services dated . The surveyor accessed the background screening website, and for Staff member D it stated a new screening

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SUMMARY STATEMENT OF DEFICIENCIES
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was required.

Unclassified

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SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

An unannounced relicensure survey was conducted on through at M & R Personal Care, (license #10442) an assisted living facility located in Arcadia, Florida.

The following is a description of the deficiencies:

0123 - Fiscal - Resident Trust Funds - 429.27(3-4) FS; 58A-5.021(2) FAC

Based on interview with 1 of 6 of a total of 15 residents, facility staff interview, and review of resident record documentation, the facility failed to ensure there was an accounting of 1 (Resident #6) resident's funds being held in trust.

The findings include:

On /17 at 3:22 p.m., Resident #6 reported the facility keeps some funds. The resident reported she could get it anytime, and she liked for the facility to keep it. She denied receiving an accounting of the funds.

On staff E agreed she kept money for Resident #6. She said the resident liked for her to keep it as the resident was afraid it would get stolen. She said she does not give her an accounting, but when the resident takes money from the fund, she documents it in the resident's records.

A review of the resident record revealed on the resident went to Wall Mart. Staff E said she gave the resident $25 from her funds, but agreed she did not document the amount in the observation notes. The resident did confirm she had taken the money.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and facility staff interview, the facility failed to ensure furniture was kept in good and sanitary condition.

The findings included:

1. The wardrobes in this facility are made from particle board and the top coating was off exposing the particle board. The exposed particle board can no long be kept clean.

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SUMMARY STATEMENT OF DEFICIENCIES
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2. had a lock on the wardrobe door which was broken. The wardrobe had a large gouge in it.

3. had multiple chips from the wardrobe.

4. had chips on the side of the wardrobe. The drawers located in this chipped and worn.

5. 1, 2, 4, and 6 had chips on all of the wardrobes.

6. The floor boards outside of 1 and 2 were dirty and chipped.

7. The kitchen wall had a unpainted patched approximately 4x 5 inches in size.

8. Staff E accompanied the surveyor during this tour on at approximately 10:00 a.m., and confirmed all of the observations.

Class III

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

Based on a record review and staff interview the facility failed to ensure there was 3 hours of limited mental health training provided to employees biennially for 2 (Staff C and D) of 4 personnel files reviewed.

The findings include:

1. Staff C was hired on as a caretaker. The last training documentated in the file for this employee was on . No further training was noted in the file.

2. Staff D was hired on as a caretaker. The last training documented for this staff member was on . No other training was noted in the file.

3. On at 12:30 p.m., it was confirmed with the staff J that the employees had no additional limited mental health training.

Class III