STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922253	**09/14/2017**
NAME OF PROVIDER OR SUPPLIER **HAMEMACK'S RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **4919 HAMMACK ROAD** **VERNON, FL 32462**	

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

0000 - Initial Comments

An unannounced abbreviated biennial licensure survey was conducted at Hamemack's Retirement Home Assisted Living Facility (license #5845) located in Vernon, FL on . Deficient practice was identified at the time of the survey.

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and staff interview the administrator failed to provide evidence of participation in 12 hours of continuing education in topics related to assisted living every 2 years.

The findings include:

Review of the Administrator's employee file revealed a hire date in , 1998. The last 12 hours of continuing education in his file was dated 2015.

On at approximately 2:30 PM, the Administrator reviewed his file and confirmed his training was not up to date.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and staff interview, the administrator failed to obtain a minimum of 2 hours continuing education in topics related to nutrition and food service in an assisted living facility annually.

The findings include:

Review of the administrator's employee file revealed no training in the last year related to nutrition and food service in an assisted living facility.

An interview was conducted with the administrator on at approximately 2:41 PM. The administrator confirmed he had not completed the required training and he was in charge of the facility's food service.

Class III

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

Based on record review and staff interview, the facility failed to ensure all direct care staff received 1

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922253	09/14/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMEMACK'S RETIREMENT HOME	4919 HAMMACK ROAD VERNON, FL 32462

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

hour of training on the facility's policies and procedures regarding . . . . . (. .) for 1 of 2 current staff. (employee B)

The findings include:

Review of employee B's file revealed a hire date in . . . . , 1998. The file contained no evidence of training.

An interview was conducted with the administrator on at approximately 3:20 PM. The administrator reviewed employee B's file and confirmed there was no evidence of the training.

Class III

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

Based on record review and staff interview, the facility failed to ensure all direct care staff received a minimum of 3 hours continuing education biennially in subjects dealing with mental health diagnosis and/or mental health treatment for 1 of 2 current staff. (employee B)

The findings include:

Review of employee B's file revealed her last mental health training was dated . No other mental health training was in the file.

On at approximately 3:30 PM, the administrator reviewed employee B's file and confirmed there to be no other mental health training.

Class III

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

Based on record review and staff interview, the facility failed to ensure all direct care staff had a current level 2 background screening for 1 of 2 current staff (employee B).

The findings include:

Review of employee B's file (caregiver) revealed a hire date in , 1998. The file contained a background screening dated . The employee was required to have a new screening by . Review of the background screening website revealed the background screen on was the most

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922253	**09/14/2017**
NAME OF PROVIDER OR SUPPLIER **HAMEMACK'S RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **4919 HAMMACK ROAD** **VERNON, FL 32462**	

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

recent screening and the employee required a new screening.

An interview was conducted with the administrator on at approximately 3:15 PM. The administrator confirmed employee B should have been rescreened.

Unclassified