STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967022	**11/02/2017**
NAME OF PROVIDER OR SUPPLIER **ALMARK HEALTH SERVICES #3**	STREET ADDRESS, CITY, STATE, ZIP CODE **4019 WENDY DRIVE** **ORLANDO, FL 32808**	

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

0000 - Initial Comments

An abbreviated re-licensure survey with Limited Mental Health (LMH) was conducted on . Almark Health Services #3 Assisted Living Facility, License #11113 had deficiencies at the time of the visit.

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

Based on observations, personnel record review and interview, the facility failed to have evidence that a staff member who held a currently valid card that documented the completion courses in First Aid and was in the facility at all times.

Findings:

Observations on at approximately 9 AM, revealed staff B was working alone with the 3 residents.

Personnel record review for staff B revealed there was not documentation to confirm she had received a First Aid training. Her card expired on .

Staff B said on she had taken both first aid and training and the current cards should be in her record.

On at 12:30 PM, the assistant administrator said the cards might be in the personnel record that was kept at their home office.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview, the facility failed to submit a comprehensive emergency management plan (CEMP) to the local emergency management agency for approval within 30 days after obtaining the license.

Findings:

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 11:15 AM, the facility's administrator was asked to provide the facility's CEMP approval letter.

On at 11 AM, the facility's assistant administrator said she had searched for the CEMP approval letter and she could not locate it.

Class III

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

Based on the Agency's background Screening website and interview, the facility did not initiate all Criminal history checks through the clearinghouse before employment.

Findings:

Review of the staff schedule revealed staff C worked , and and , and and was scheduled to work , and .

On at 9 AM, staff B said staff D, had worked last night ( ) for another staff that called in sick.

Review of the facility's clearinghouse roster on at 10 AM revealed staff C and D were not included.

On at 12:30 PM, the assistant administrator confirmed the findings.

Unclassified

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

Based on review of the agency's background screening website and interview, the Adult Family Care Home failed to ensure that 1 in 4 sampled staff had a current and valid Level 2 Background screening (D).

Findings:

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

On at 9 AM, staff B said staff D, had worked last night ( ) for another staff that called in sick.

Review of the background screening website on at 11 AM revealed the last background screening for staff D was conducted on . The background screen must be repeated every 5 years.

On at 12:45 PM, the assistant administrator said she was not aware that staff D's background screening had expired.

Unclassified