

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922280	(X3) DATE SURVEY COMPLETED 11/02/2017
NAME OF PROVIDER OR SUPPLIER COTTAGES OF PORT RICHEY (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 PINEHILL ROAD PORT RICHEY, FL 34668	

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

0000 - Initial Comments

Assisted Living Facility

On 11/02/2017, an unannounced Biennial re-licensure survey with Extended Congregate Care (ECC) was conducted at The Cottages of Port Richey, Assisted Living Facility. Deficient practice was identified at the time of the visit.

(License # 5993)

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that newly hired staff (2 of 3 reviewed in facility with 67 residents) submitted a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable disease, including tuberculosis.

Findings included:

Two of three employee records randomly selected for review at the facility on 11/02/2017 contained no statements from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable disease, including tuberculosis.

Staff B was hired as a Resident Aide on 10/01/2017 and provides direct resident care services at the facility. Staff B's employee record contained at form entitled "Statement indicating Tuberculosis Testing Results" testing negative on 10/01/2017 per reading by a Licensed Practical Nurse. The 2nd part of the form to be completed, entitled Physician Statement, certifying that the person is free from a communicable disease, was observed blank.

Staff C was hired as a Resident Aide on 10/01/2017 and provides direct resident care services at the facility. Staff C's employee record contained at form entitled "Statement indicating Tuberculosis Testing Results" testing negative on 10/01/2017 per reading by a Licensed Practical Nurse. The 2nd part of the form to be completed, entitled Physician Statement, certifying that the person is free from a communicable disease, was observed blank.

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communicable , was observed blank. Per interview conducted with the Administrator on 11/ at 2:30pm, the Administrator observed the testing & freedom from communicable forms and stated she did not know why the required statement was not completed. Class III		

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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on observation, record review, and interview, the facility failed to ensure that 2 of 4 direct resident care employees (of facility with 67 residents) completed level 2 background rescreening every 5 years as a condition of continuing employment.

Findings included:

Per review of the facility's Staff Schedules, both Staff A & Staff E currently provide direct resident care services. Per interviews, both Staff A & Staff E confirmed that they currently provide direct resident care services at the facility.

Per review of the facility's Employee Roster on the AHCA Background Screening site, Staff A was hired as a Resident Aide on and deemed eligible for employment based on Background Screening conducted on Staff A's employee record at the facility contained an AHCA Background Screening deeming Staff A eligible on . As of review, Staff A has not completed level 2 background rescreening every 5 years as required.

Per review of the facility's Employee Roster on the AHCA Background Screening site, Staff E was hired as a Resident Aide on and deemed eligible for employment based on Background Screening conducted on . As of review, Staff E has not completed level 2 background rescreening every 5 years as required.

Per review, employment eligibility for both Staff A & Staff E on the AHCA Background Screening site states: "A New Screening is Required."

Unclassified