AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 11/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943128	R 11/09/2017
NAME OF PROVIDER OR SUPPLIER **ST MARY'S HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **718 W. WINTER PARK STREET** **ORLANDO, FL 32804**	

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

0000 - Initial Comments

A follow-up to a relicensure survey with Limited Mental Health (LMH) was conducted on . St. Mary's Home, license #4860, had deficiencies pertaining to this survey at the time of the visit.

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

DEFICIENCY REMAINED UNCORRECTED
Based on observation, dietary record review and interview, the facility failed to ensure the menu was followed and a log of substitutions made to the menu was maintained.

Findings:

Observation of the lunch served to residents on at 10:00 AM revealed a plate of mashed potatoes with onions and sliced knockwurst. A small cup of orange or red gelatin was also served. The residents were given their choice of beverage.

Review of the menu posted in the kitchen revealed Week 1 of a 4 week cycle. A licensed dietician signed the menu on . Week 1 was dated for the current week. The menu for lunch on was posted as ½ cup juice, 1 cup soup of the day, ¾ cup tuna salad on 2 slices of wheat bread, ½ cup potato chips, coffee/tea.

No substitution log was found.

In an interview with the administrator on at 11:15AM, he said he usually writes the substitutions down, but was unable to provide a log for review. He confirmed no substitutions were written for the day of the visit.

Class III

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

Based on review of the facility's Comprehensive Emergency Management Plan (CEMP) and interview, the facility failed to have documentation the CEMP was approved by the local emergency management agency according to 58A-5.026(2)(c) (1) FAC.

Findings:

Review of the most recently approved CEMP found it was dated .

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 11:30 AM, the administrator provided documentation that the revised plan had not been approved and stated it was submitted for a 3rd review on .

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

DEFICIENCY REMAINED UNCORRECTED
Based on the review of the Agency's Background Clearinghouse (BGS) website, personnel record review and interview, the facility failed to maintain a copy of the Level 2 Background screening results for 3 of 4 sampled staff (B, C, D) in the personnel file.

Findings:

1. Review of the personnel file for Staff #B, date of hire , revealed a paper documenting background screening that read "Agency Review Required." Review of the Agency's Background Screening website on for Staff B revealed "Agency Review Required."

2. Review of the personnel file for Staff #C, date of hire , revealed a Level 2 Background screen result dated . No more recent results were in the file. Review of the Agency's Background Screening website on for Staff C revealed "A New Screening Is Required."

3. Review of the personnel file for Staff #D, date of hire , revealed no background screening results. Review of the Agency's Background Screening website on for Staff D revealed "A New Screening Is Required."

In an interview with the administrator on at 12:10 PM, he stated he was not aware the screenings were not incompliance.

Unclassified