STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968932	**11/07/2017**
NAME OF PROVIDER OR SUPPLIER **PERSON TO PERSON CARE CENTER, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6309 E FLORIDA CIR** **APOLLO BEACH, FL 33572**	

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

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

Based on record review and interview the facility failed to maintain an updated employee roster in the Agency background-screening clearinghouse for three (Staff A, Staff B, Staff B and Staff C) of five employees who provided direct care for residents.

Findings included:

Review of the AHCA Background Screening Clearinghouse Agency website revealed that the Administrator was the only staff listed on the employee roster for the facility.

During interview with the Administrator, on at 01:09 p.m., she was confirmed that only she was listed on the employee roster. The Administrator confirmed that Staff A, Staff B, Staff B and Staff C are resident care aides that assist residents.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968932	**11/07/2017**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A biennial state re-licensure survey with limited mental health (LMH) was conducted at Person to Person Care Center, LLC, on . Person to Person Care Center had deficiencies at the time of the visit.

(License # 12770)

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

Based on interview and record review, the facility failed to provide required documentation of freedom from communicable for 1 (Administrator) of 3 staff records reviewed.

Finding included:

A review of employee records on 11/ revealed the Administrator's record did not contain freedom from communicable documentation.

During interview with the Administrator, on at 1:45am, she stated that she has not, nor was able to remember completing a communicable statement.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to furnish contracts with the daily, weekly or monthly rate charged to residents at the facility for three (#1, #2, and #4) of four residents selected for contract review.

Findings included:

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

Review of the contract between the facility and residents for Resident #1, Resident #3, and Resident #4 revealed that the monthly rate section was filled with hash marks.

During interview with the Administrator, on at 1:55 p.m., she stated that resident and family signed a contract with the monthly rate. To keep employees from viewing the finances, the Administrator keeps the original first page at her home office, and replaced the first page of the contract with one in which the rate was changed to hash marks. The Administrator did not have the first page of the contracts at the facility.

Class III

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

Based on interview and record review, the facility failed to provide required Limited Mental Health (LMH) training to satisfy the requirement for LMH licensing for three (Administrator, A, and B) of three staff records reviewed.

Finding included:

A review of employee records on 11/ revealed the Administrator, Staff A and Staff B did not have documentation of the six-hours of specialized training in working with individuals with mental health diagnosis.

During interview with the Administrator, on at 1:45pm, she stated that she was unaware that LMH training is required.

Class III