STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968557	**11/29/2017**
NAME OF PROVIDER OR SUPPLIER **FAITH HOME CARE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **114 EUCLID AVE** **SEFFNER, FL 33584**	

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

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

Based on observation, record review and staff interview, the facility failed to obtain an eligible background screen prior to hiring an employee whose responsibilities required him or her to provide personal care to clients for 1 (Staff B) of 3 staff files reviewed.

The findings included:

Review of the employee record for Staff B showed a hire date of 11/ . Staff B was hired as a caregiver and was observed interacting with residents throughout the survey on , beginning at 9:00 AM.

On at 10:45 a.m., the Administrator stated, "I thought I had 30 days."

Unclassified

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SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey with limited nursing services (LNS) was conducted on , at Faith Home Care, an Assisted Living Facility, (license # 12447) in Seffner, Florida. There were deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and staff interview, the facility failed to ensure the Health Assessment Form 1823 was complete for 2 (Residents #1, #2) of 2 resident records reviewed.

The findings included:

Record review of Resident #1's Health Assessment Form 1823 dated , revealed section B on page 4 was blank, regarding medication assistance.

Record review of Resident #2's Health Assessment Form 1823 dated , revealed Section B on page 4 had marks in 2 of the boxes regarding medication assistance.

On at 1:25 p.m., the Administrator stated, "I'll get new ones done next time they see the doctor."

Class III

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

Based on record review and staff interview, the facility failed to submit an emergency management plan to the local emergency agency for review and approval.

The findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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On , a review was attempted of the emergency management plan. No plan was available for review as the administrator indicated the facility had not submitted a plan to the local emergency agency.

On at 10:58 a.m., the Administrator stated, "I'm still working on it." "I don't have a generator."

Class III

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