STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964669	11/30/2017
NAME OF PROVIDER OR SUPPLIER **ARDEN COURTS OF SEMINOLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **9300 ANTILLES STREET, NORTH** **SEMINOLE, FL 33776**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced abbreviated biennial state relicensure survey with Limited Nursing Services (LNS) was conducted on . The Arden Courts of Seminole, Assisted Living Facility, (License # 9248), had a deficiency at the time of this visit.

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

Based on records review, observation and interview, the facility failed to insure that newly hired staff submitted a written statement from a health care provider, within 30 days from hire date, documenting that the individual does not have any signs or symptoms of communicable and failed to document a negative ( ) examination on an annual basis for 3 of 4 staff records reviewed.

Findings included:

A review of the facility's Caregiver Assignments schedule for the date of 11/ was reviewed on . Staff A and Staff D both had scheduled 8 hour shifts on . Staff A was observed working in the facility as a caregiver on the 7:00 am - 3:00 pm shift on .

A review of Staff A's employee records on revealed that Staff A was hired on . Staff A's records showed a test with a negative result dated . Staff A's record did not contain any statement from a health care provider that Staff A did not have any signs or symptoms of communicable .

A review of Staff D's employee records on revealed that Staff D was hired on . Staff D's records showed a test with a negative result dated . Staff D's record did not contain any statement from a health care provider that Staff D did not have any signs or symptoms of communicable .

A review of the Administrator's employee records on revealed that the Administrator was hired on . The Administrator's records revealed a statement from a healthcare provider dated that the Administrator did not have any signs or symptoms of communicable . The Administrator's record contained the results of an X-ray, dated in 2010, that stated there were no signs

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or symptoms of . There was no statement from a healthcare provider documenting a negative examination on an annual basis.

The Administrator was interviewed at 1:30 pm on and the Administrator indicated that the facility was not aware of the requirement for all employees to have annual documentation of a negative examination. The Administrator indicated that the facility was not aware that every employee required a statement form a healthcare provider that they did not have any signs or symptoms of communicable , in addition to having a negative examination.

Class III