STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943031	**12/05/2017**
NAME OF PROVIDER OR SUPPLIER **DURANT HOME LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6929 DURANT ROAD** **PLANT CITY, FL 33567**	

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

0000 - Initial Comments

Assisted Living Facility

On , a biennial state relicensure survey with Limited Mental Health Services (LMH) was conducted at Durant Home LLC, Assisted Living Facility, (Lic. # 6680). Deficient practice was identified during the survey.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to have documentation that one of three staff sampled (Staff A) who provided direct care to residents had received the 1 hour in-service training in control, including universal precautions and facility sanitation procedures, prior to working with residents.

Findings included:

A review of the current staffing schedule during the survey found that Staff A (administrator) was scheduled to be in the facility alone during the early evening to evening hours (around 7p-9p).
A review of this individual's personnel file found no documentation verifying he had received any official training in standard control, including universal precautions as well as facility sanitation procedures.
Interview with the facility manager at 2:20pm on confirmed that this training-related documentation was missing from the record.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and interview, one of three staff sampled (A) who had been employed at least 30 days had not yet received the training in and .

Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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A personnel file review during the survey revealed that Staff A (administrator), hired , had no documentation verifying he/she had taken the required training on and . Interview with the facility manager at 2:25pm on confirmed that the administrator had not yet taken this training.

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on interview and record review, the facility did not maintain either a community living support plan nor a agreement for two of two residents sampled (#2; 3) who had been initially identified as limited mental health residents.

Findings included:

During an initial interview with the manager at 9: 35am on , he stated that there were ten (10) limited mental health residents as well as ten (10) residents who received ( ) currently at the facility.
Resident record review revealed that both Resident #2 and #3 had Notices of Case Action, verifying receipt of funds, and, according to their most recent health assessments from and , respectively, had primary diagnoses.
Further review of these residents' files revealed no official , Agreement nor Community Living Support Plan for either individual.
During further interview with the manager at 1:10pm on , he indicated that these documents had not been obtained due to the fact that neither Resident #2 nor #3, or any of the other residents he had originally referred to as 'LMH' were being case managed.

Class III