

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968855	(X3) DATE SURVEY COMPLETED 06/01/2017
NAME OF PROVIDER OR SUPPLIER THE SPRINGS AT SOUTH BISCAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 6235 HOFFMAN ST NORTH PORT, FL 34287	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced relicensure and Extended Congregate Care survey was conducted through at The Springs at South Biscayne, an assisted living facility (license #12712) in Port Charlotte, Florida. The following is description of the deficiencies. 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on record review and interview the facility failed to ensure 1(Staff B) of 4 staff reviewed had a statement from a health care provider documenting freedom from communicable including The findings included: Record review for Staff B found she was hired . The record had a document that verified a test was administered on . The results was read by a Licensed Practicing Nurse on . The result was negative. There was no statement from a Health Care Provider documenting freedom from communicable including On at 11:40 a.m., the Executive Director said they do not have a statement from a health care provider that Staff B is free from communicable including Class III 0085 - Training & Nutrition & Food Service - 58A-5.0191(6) FAC Based on record review and interview the facility failed to ensure the person designated as responsible for the facility's food service completed 2 hours of continuing education in topics pertinent to nutrition and food service in a assisted living facility. The findings included: Record review for the Director of Dining Service found no documentation of continuing education in topics pertinent to nutrition and food service in a assisted living facility completed within the last 12 months. On at 11:10 a.m., the Director of Dining Services said he is in charge of the facility's food service		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/09/2018
FORM APPROVED

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program since . He said he has not completed any continuing education course since then. On at 11:40 a.m., the Executive Director said the Director of Dining Services is responsible for the food service program. Class III 0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC Based on record review and interview the facility failed to verify required training for 1 (Staff B) of 4 staff reviewed with appropriate certificates. The findings included: Record for Staff B found she was hired on . Record review found Staff B completed a test dated on . There was no certificate of training. The record found a test dated on Incident Reporting. There was no certificate of training. The record found a signed policy dated related to elopement. There was no certificate of training. The record found a test dated related to . There was no certificate of training. On at 11:40 a.m., the Executive Director said the only documentation of the required training was the dated tests. Class		