STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968597	**01/23/2018**
NAME OF PROVIDER OR SUPPLIER **ALF OF POMONA PARK, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **422 PLEASANT ST** **POMONA PARK, FL 32181**	

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

0000 - Initial Comments

On , , 2018, an unannounced biennial with limited mental health services re-licensure survey was conducted at ALF of Pomona Park Assisted Living Facility (license # 12480), Pomona Park, FL. Deficient practices were identified at the time of survey.

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

Based on record review and interview, the facility failed to have annual evidence of a negative examination for 2 of 3 staff members reviewed (staff B and staff C).

Findings:

On , a record review was conducted for direct care staff B (date of hire:). No annual evidence of a negative examination was found in her records.

On , a record review was conducted for direct care staff C (date of hire:). No annual evidence of a negative examination was found in her records.

At approximately 4:13 PM on , an interview was conducted with the administrator, who confirmed that there was no annual evidence of a negative examination for staff B and staff C.

Class III

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

Based on record review and interview, the facility failed to maintain updated Community Living Support Plans for 3 of 3 limited mental health residents reviewed (resident #3, resident #12 and resident #13).

Findings:

On , a record review was conducted for resident #3 for LMH records. Record review indicated that resident #3's most recent Community Living Support Plan dated .

On , a record review was conducted for resident #12 for LMH records. Record review indicated that resident #12's most recent Community Living Support Plan dated .

On , a record review was conducted for resident #13 for LMH records. Record review indicated that resident #13's most recent Community Living Support Plan dated .

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

At approximately 5:40 PM on [redacted], an interview was conducted with the administrator, who confirmed that there was no updated Community Living Support Plan for resident #3, resident #12 and resident #13. She stated: "We will have it by next week."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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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 ensure that the administrator and 7 of 7 direct care staff members (staff A, staff B, staff C, staff D, staff E, staff F, and staff G) were entered on the facility's employee roster on AHCA Background Screening Clearinghouse Website.

Findings:

On , a record review of the facility's employee roster with AHCA Background Screening Clearinghouse Website revealed that the administrator, staff A (date of hire:), staff B (date of hire:), staff C (date of hire:), staff D (date of hire:), staff E (date of hire:), staff F (date of hire:), staff G (date of hire:) as direct care staff members were not listed on the employee roster in AHCA Background Screening Clearinghouse Website.

At approximately 4:53 PM on , an interview was conducted with the administrator, who confirmed that neither the administrator nor 7 of 7 direct care staff members (staff A, staff B, staff C, staff D, staff E, staff F, and staff G) were included in the employee roster with AHCA Background Screening Clearinghouse Website.

Unclassified