STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965391	**02/02/2018**
NAME OF PROVIDER OR SUPPLIER **AURORA OF THE TREASURE COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **6609 N. US1** **FORT PIERCE, FL 34949**	

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

0000 - Initial Comments

An unannounced Abbreviated Licensure survey was conducted on . . . . . at Aurora of the Treasure Coast, License # 9759. The facility had deficiencies at the time of the survey.

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

Based on record review and interview, the facility failed to ensure 2 of 4 staff reviewed had written statements from a health care provider documenting evidence of a negative . . . . . ( ) examination (Staff A and Staff B).

The evidence included:

On , a review of the employee records for Staff A and Staff B was completed. The last negative examination contained with Staff A's record was dated , and the last examination contained within Staff B's record was dated . There was no documentation of a negative annual examination for 2017.

During interview with the Administrator on . . . . . at 11:50 AM, she acknowledged the missing annual documentation for 2017 for Staff A and Staff B.

Class III

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

Based on employee record review and staff interview, the facility failed to ensure 1 of 3 staff ,whose training were reviewed, received 1 hour required in-service training within 30 days of employment in safe food handling practices (Staff A, Date of Hire is . . . . .).

The findings included:

On . . . . . , during Staff A's employee record review, no training certificate could be found showing completion of the 1 hour required training for safe food handling practices, which was to be completed within 30 days of Staff A's date of hire.

On . . . . . at approximately 12:15 PM, the Administrator acknowledged Staff A does assist in preparing and serving food to the residents. The Administrator also confirmed she could not locate any

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documentation showing Staff A completed the required Safe Food Handling training.

Class

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and staff interview, the facility failed to ensure appurtenances are maintained in good working order.

The findings included:

During tour of the facility, accompanied by the Administrator, on , the following concerns were noted:

1) Dresser for Resident #3 was missing front panel on one of it's drawers;
2) Dresser located in # was missing an entire drawer;
3) There were no screens in any of the windows of the resident to prohibit insect entry when open. The do connect to a large, screened in porch area that runs the length of the building where resident are located. This screened in area could provide protection from insects, but the sceening for the porch area is loose in numerous areas allowing for large gaps in the screening.

These issues were discussed with the Administrator during tour on at 2:20 PM. The Administrator stated that their have never been any screens in the resident windows.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and staff interview, the facility failed to maintain an accurate employment status of all employees within the clearinghouse, and report any changes within 10 business days for 3 of 4 employees reviewed (Staff A, Staff C, and Staff D).

The findings included:

On , a review was conducted of the facility's clearinghouse employee roster. The following issues were found during the review:
1) Staff A had an incorrect date of hire recorded on the roster. Staff A was hired on , but the employee roster had Staff A's hire date as ;

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2) Staff C, whose hire date was , was not listed on the employee roster; and
3) Staff D (Administrator) was listed as Administrator under "Provider Account Info", but was not included in the employee roster.

During interview with the Administrator on at approximately 1:30 PM, she acknowledged that the Clearinghouse Employee Roster was not currently up to date.