STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968269	**02/15/2018**
NAME OF PROVIDER OR SUPPLIER **SARAH HOUSE III, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 OLD TOMOKA RD** **ORMOND BEACH, FL 32174**	

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

0000 - Initial Comments

On - a biennial relicensure survey was conducted at Sarah House III (Lic # 12175). At the time of the survey deficient practice was found.

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

Based on interview and review of records the facility failed to ensure that non-licensed staff did not perform duties outside the scope of their training and certification, for 1 of 3 staff members reviewed.

Findings Include:

On , a review of Resident # 11's medical assessment was conducted. Page 1 of the health assessment revealed that Resident #11 has a to the and wounds to the . In addition, page 2, section C of the form indicated that Resident #11's range from -4.

On at 2:01 pm, an interview was conducted with Staff A. Staff A, an unlicensed caregiver, confirmed that on a few occasions when Resident #11 had soiled through his incontinence breif and bandage that Staff A had reapplied a clean bandage as needed, instead of calling the third-party agency that was providing a licensed person to provide care treatment for Resident #11.

At 4:38 PM on , the Community Manager confirmed the facility's policy was to call the third party agency to provide bandage changes for Resident #11.

On at 4:55 pm an interview was conducted with the third party agency who was working with Resident #11. The Agency verified that they are available 24 hrs. in order to provide care for Resident #11 in the event he needed care given outside of normal business hours.

Class III

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

Based on record review and interviews, the facility failed to ensure that 1 of 3 sampled staff members (Staff A) who had direct care of residents received the required 1 hour in-service training in emergency preparedness within the first 30 days of employment.

Findings include:

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	AL11968269	**02/15/2018**
NAME OF PROVIDER OR SUPPLIER **SARAH HOUSE III, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 OLD TOMOKA RD** **ORMOND BEACH, FL 32174**	

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

On , a review of Staff A's employee training record was conducted. The review revealed that Staff A's date of hire .

On , in an interview at 5:30 pm, the Administrator confirmed the training documentation was not in Staff A's file.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview the facility failed to ensure that 1 of 3 sampled employees (Staff D) was given a job description.

Findings Include:

On a review of Staff D's employment record revealed that Staff D's date of hire was .The list provided by the facility of all staff members revealed that Staff D's employment title was Community Manager.
Further review of the employment record revealed no job description in Staff D's file with the title of Community Manager.

On at 5:30 pm during an interview, the Administrator and Director of Operator (DO) confirmed that Staff D's position title is Community Manager. Upon reviewing Staff D's employment record revealed the job description was missing.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and review of records the facility failed to ensure their emergency management plan be reviewed and approved annually.

Findings include:

On , a review of the facility emergency management plan revealed it was approved through .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968269	**02/15/2018**
NAME OF PROVIDER OR SUPPLIER **SARAH HOUSE III, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 OLD TOMOKA RD** **ORMOND BEACH, FL 32174**	

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

On , at 10:00 am, an interview was conducted with the Director of Operations (DO) of the facility. The CEMP approval letter of their emergency plan was requested. Documentation provided showed the facility submitted a CEMP that expired 11/ (See photographic evidence)

On , The County Emergency Management Agency verified that the facility has no current approved CEMP.

CLASS III