STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967747	**02/21/2018**
NAME OF PROVIDER OR SUPPLIER **TREASURE COAST ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **642 SW JACOBY AVE** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An unannounced Abbreviated Re-Licensure with Limited Mental Health (LMH) survey was conducted on , 2018 at Treasure Coast ALF Inc., License #11749. The facility had deficiencies identified at the time of the visit.

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

Based on record review and an interview, the facility failed to ensure that 2 out of 2 sampled staff (Staff A and B) who provide direct care to residents had received the required in-service training within 30 days of employment .

The findings included:

a) Review of the personnel file for Staff A, who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff A was hired on .

1. Activities of Daily Living (3 hours)

b) Review of the personnel file for Staff B, who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff B was hired on .

1. Activities of Daily Living (3 hours)

The Administrator was interviewed at 11:00 AM on and confirmed that the aforementioned documentation was not present and available for review. The facility provided no additional documentation of the required training for these staff members at this time.

Class III

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

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff B) had completed training in / within 30 days of employment.

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings included:

The personnel file for Staff B was reviewed on for documentation of training in / dated within 30 days of employment. There was no documentation of this training available for review. Staff B was hired on . The Administrator was interviewed at 11:00 AM on and acknowledged that the documentation was not present and available for review. The facility provided no additional documentation of the required training for review at this time.

Class III

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

Based on an interview, the facility failed to submit their Comprehensive Emergency Management Plan annually to the county emergency planning department for review and approval.

The findings included:

On at 10:00 AM, the Administrator stated during interview that the last approved Comprehensive Emergency Management Plan that was submitted to the county was dated . The plan is approved by the county for one (1) year, with the requirement that the facility resubmit the plan at least annually. The facility provided no additional documentation for review at this time.

Class III

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

Based on review of the Agency's Background Screening Clearinghouse website and a staff interview, the facility failed to maintain a current employee roster for all employees of the facility.

The findings included:

On , a review was conducted of the facility's employee roster located on the Agency's Background Screening Clearinghouse website. At this time, there were no employees listed on the roster.

During interview with the Administrator on at 10:00 AM, she confirmed she had not completed the Clearinghouse Employee Roster with the addition of any staff as of the date of this survey.

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

Unclassified