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	AL11953250	**05/07/2018**
NAME OF PROVIDER OR SUPPLIER **HOMESTEAD RETIREMENT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1117 MASSACHUSETTS AVENUE** **SAINT CLOUD, FL 34769**	

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

0000 - Initial Comments

A re-licensure survey with Limited Mental Health (LMH) was conducted on . Homestead Retirement Home Assisted Living, license #245, had deficiencies at the time of the visit.

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on observation, census review and interview, the facility failed to maintain 17 beds for use by residents receiving ( ) as required by their license type.

Findings:

Observation of the facility license revealed the facility had a capacity of 40 residents, which included 29 beds for residents receiving ( ).

Observation during the tour of the facility on found 40 people residing in the facility.

Review of the census for found 40 residents listed. The facility supervisor identified 12 residents who were receiving .

In an interview with the facility supervisor on at 10:30 AM, she confirmed 12 residents were currently receiving at this time. She said she did not realize they had to keep 29 beds for residents. She confirmed that 28 of the 40 current residents were not receiving at the time of the survey.

On at 2:15 PM, the administrator confirmed recipients were not currently using 17 designated beds.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on observation, personnel record review and interview, the facility administrator failed to appoint a qualified manager to serve in his absence.

Findings:

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Review of the staff schedule for the facility revealed the administrator was not on the schedule.

Review of the personnel record for staff E, facility supervisor, found a certificate for CORE training dated . There was no evidence of successfully passing the Core exam in the record. Further observation found a job description entitled "assistant administrator" and a letter dated documenting that staff E was the acting administrator and "in charge". Staff E as "administrator" signed the notice.

Review of the Agency Background Screening Clearinghouse revealed staff E was listed as the Assistant Administrator.

On at 1:00 PM, staff E stated she was going to take the CORE exam again soon, but had not passed the exam.

In an interview with the administrator on at 2:15 PM, he confirmed staff E had not passed the CORE exam and said they changed her title. He confirmed he did not have the documentation to show what her current title was. There was no documented evidence provided to indicate who was in charge when the administrator was absent.

Class III

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

Based on record review and interview the facility failed to ensure that within 30 days after beginning employment, 2 of 5 sampled staff (A and B), submitted a written statement from a health care provider documenting that the individual did not have any signs or symptoms of communicable .

Findings:

1. Personnel record review for staff A, a caregiver, hired revealed no evidence to confirm she submitted a healthcare provider's statement that indicated freedom from communicable . The review revealed a health care provider's statement dated that indicated freedom from .

2. Personnel record review for staff B, caregiver hired on , did not reveal any documentation from a licensed health care provider to confirm she was free from communicable .

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Class III

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

Based on personnel record review and interview the facility failed to ensure that 3 of 5 sampled staff (A, B and C) received the required in- service training.

Findings:

1. Personnel record review for Staff A revealed he was hired . . . . . and was a caregiver. Continued review revealed no evidence to confirm he received an in-service training regarding the facility's elopement response policies and procedures and a 1- hour in-service training regarding and the facility's emergency procedures including chain of command. Continued review revealed a certificate dated . . . that indicated he received an in-service training regarding elopement, however the certificate was from another facility and did not make reference that the in-service training was in fact for the facility. There was no evidence to confirm he received and in-service training regarding the facility's emergency procedures including chain of command.

2. Personnel record review for Staff C revealed she was hired on and was a caregiver. Continued review revealed a certificate dated . . . . that indicated she attended an in-service training regarding emergency procedures, however the certificate was from another facility and did not make reference that the in-service training was facility specific. A certificate dated . . . . indicated she attended an in-service training regarding major incidents; again the in-service was from another facility and did not make reference that the in-service training was facility specific.

3. Personnel record review for staff B revealed she was caregiver hired on . . . . . . The record was not found to contain any docuemtnation that Staff B received training in the facility's emergency procedures and evacuation. Further review found a certificate dated . . . . . for in-service training in elopment policies, but this certificate was from a different facility.

On . . at 2:00 PM, the facility supervisor, Staff E, stated she did not have any other certificate for these employees. She said she did not know the in-servcie training for emergency procedures and elopement policies could not be provided by another facility.

Class III

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0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record review and interview, the facility failed to ensure 3 of 5 sampled staff (A, B and C) were trained in the facility's policies and procedures related to ( ).

Findings:

1. Personnel record review for staff A, hired , revealed a certificated dated that indicated from another facility. The certificate did not refer to the facility's policies and procedures related to .

2. Personnel record review for Staff C (hired) did not reveal a certificate for training in . There was no evidence to confirm she received the training

3. Personnel record review for Staff B revealed she was hired on as a caregiver. Further review revealed a certificate for a in-service dated from another facility. There was no certificate for training regarding this facility's policies and procedures for .

On at 2:00 PM, the facility supervisor, Staff E, stated she did not have any other certificates for these employees. She said she did not know the in-service training for policies could not be provided by another facility.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to ensure a 3-day supply of nonperishable food for use in the event of an emergency was on hand at all times.

Findings:

Observation of the food supply for the facility found food for the current day's menu and little extra.

In an interview with the dietary manager on at 1:30 PM, he stated he did not have any emergency

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food on hand at this time. He said, "We used it all for the regular menu because we rotate the supply. We are replenishing it this week to get ready for the hurricane season. The food should be here today or tomorrow."

In an interview with the facility administrator on at 2:00 PM, he confirmed the food had been ordered.

Class III

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

Based on observations and interviews, the facility failed to provide and maintain a home-like and decent environment in which to provide safe care for the residents.

Findings:

Observations during the facility tour on at 9:45 AM noted:
The dining had the plastic cover torn, exposing the inside materials. The window was broken.
All doorframes throughout the facility had chipped paint.
There was also chipped paint on the wall by the medication .
The 100 hallway had chipped paint.
The hallway 100 had brown stains in the ceiling tile.
Two brown sofas in the common area had the armrests torn; exposing the foam inside, the seats had peeling material.
The two green sofas in common area were dirty, covered with brown stains

Observations during a tour of the facility on at 9:45 AM revealed:
The floor in resident was extremely dirty.
Resident had a layer of dirt on the windowsill under the air conditioner and the AC vents were very dirty. The furniture throughout the dusty and the TV screen had a thick layer of dust.
The walls in resident were noted to be very dirty. The walls in 303, 304 and 308 were remarkable for staining and dirt.

On at 1:45 PM, the facility supervisor said the housekeepers are to do laundry, dust the furniture, clean the floors and take out trash. She said the residents are on a weekly cleaning schedule. She confirmed they have a difficult time keeping everything clean.

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On . . . . . at 2:00 PM, the administrator stated they recently put another coat of paint on everything.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that all staff records contained the required documentation for 2 of 5 sampled staff (D & E).

Findings:

Review of the personnel record for staff D, administrator, did not contain a copy of the job description.

Review of the personnel record for staff E, facility supervisor, contained a job description for "assistant administrator." Further review revealed staff E completed CORE training on . . , but has not passed the CORE examination. Staff E had not met the qualifications to be an assistant administrator due to not having passed the CORE training exam as of the time of the survey.

On . . . . at 1:10 PM, Staff E confirmed that she had taken the CORE training in 2015, but had not passed the CORE examination.

On . . . . at 2:00 PM, the administrator confirmed his job description was not in the file.

Class

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

Based on review of the facility's Comprehensive Emergency Management Plan (CEMP) and interview, the facility failed to have documentation the CEMP was approved by the local emergency management agency according to 58A-5.026(2)(c) (1) FAC.

Findings:

Upon request to review the facility's CEMP staff E provided a letter dated . . . She stated the current plan was submitted, but they have not received the approval letter.

On at 1:55PM, the administrator confirmed they did not have an approval letter or

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acknowledgement from the County that the plan was received. He also said he did not have any other documentation to show approval of the 2017 plan.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on personnel record review and interview, the facility failed to ensure that 1 of 5 staff (E) completed Limited Mental Health (LMH) training updated every 2 years.

Findings:

Personnel record review for staff E, revealed a hired date of 2006 and was a caregiver and the facility supervisor. The review revealed a certificate for 6 hours of initial Limited Mental Health training on . . . . . There were no certificates found that she had completed 3 hour updates every 2 years as required.

In an interview on at 2:00 PM with the facility supervisor, she confirmed she had not completed the update training.

Class III

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

Based on Agency Clearinghouse Website review, personnel record review and interview, the facility failed to register and maintain the employment status of all employees within the Agency's Background Screening Clearinghouse for 1 of 5 sampled staff employees (D)

Findings:
Review of the Agency's Background Screening website for 5 sampled staff revealed that Staff D, the administrator was not on the clearinghouse roster for the facility.

Review of the personnel record for the administrator revealed an eligible Level 2 background screen as of .

In an interview with the facility supervisor on at 2:00 PM, she confirmed the administrator was not on the roster.

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Unclassified