STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942717	05/29/2018
NAME OF PROVIDER OR SUPPLIER **DEERWOOD PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **8700 A C SKINNER PARKWAY** **JACKSONVILLE, FL 32256**	

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

0000 - Initial Comments

On , 2018 an unannounced abbreviated biennial re-licensure survey was conducted at Deerwood Place (License #6007). Deficient Practice was identified during the survey.

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

Based on document review and staff interview the Facility failed to provide evidence of a statement from a health care provider showing no signs of a communicable for 3 of 4 employee files reviewed (Employee A, C, and D). In addition, 2 of 4 staff did not have evidence of freedom from documented annually (Employee C and Employee D).

The findings Include:

The file of Employee A, with a hire date of did not contain a statement from a health care provider indicating freedom from communicable .

The file of Employee C with a hire date of date of did not contain a statement from a health care provider indicating freedom from communicable .

The file of Employee D with a hire date of date of did not contain a statement from a health care provider indicating freedom from communicable .

During a review of the file for Employee C, with a hire date of , it was found she did not have an annual test and her most recent test in the file was in 2012. Freedom from must be documented on an annual basis.

During a review of the file for Employee D, with a hire date of , it was found she did not have a result showing she was free from . Freedom from must be documented on an annual basis.

During an interview with the Administrator on at 2:00 PM she confirmed Employee A, C, and D did not have a statement indicating freedom from communicable and Employee C and D did not have a current form showing they were free from .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942717	**05/29/2018**
NAME OF PROVIDER OR SUPPLIER **DEERWOOD PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **8700 A C SKINNER PARKWAY JACKSONVILLE, FL 32256**	

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

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

Based on employee record review and staff interview the facility failed to ensure that staff who had direct care of residents received the required training within 30 days of employment for Emergency Preparedness & Evacuation, Incident Reporting, Resident Rights, , Policy & Procedure (P&P), and Nutritional & Safe Handling training, for 1 of 4 sampled employees (Employee D).

The findings Include;

1) Employee D was hired on as a Med Tech/CNA. A review of her training file revealed she did not have the required in-service for Emergency Preparedness & Evacuation, Incident Reporting, Resident Rights, P & P, and Nutritional & Safe Handling training within 30 days of employment, or at any time since the date of hire.

2) During an interview with the Administrator at 2:00 PM, she confirmed Employee D did not have Emergency Preparedness & Evacuation, Incident Reporting, Resident Rights, P & P, and Nutritional & Safe Handling Training.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on employee record review and staff interview the facility failed to ensure that 3 of 4 sampled employees (Employee B, C, and D) had received the required training in First Aid.

The findings include:

During the biennial licensure survey on , an employee record review was conducted. Employee B, C, and D's record did not contain any documented evidence of a current training in First Aid. All three employees work in direct care positions and work shifts alone in the facility with the residents.

An interview with the Administrator on at 2:00 PM confirmed Employee B, C, and D did not have current First Aid training.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942717	**05/29/2018**
NAME OF PROVIDER OR SUPPLIER **DEERWOOD PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **8700 A C SKINNER PARKWAY** **JACKSONVILLE, FL 32256**	

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

Class III

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

Based on record review and interview, the facility failed to ensure that 1 of 4 sampled employees were listed on the facility's employee roster on the Agency for Health Care Administrations Background Screening Clearinghouse website.

The findings include:

A review of Employee D's level II background screening showed an eligibility determination date of . The employee information list showed Employee D hire date as .

A review of the Agency for Health Care Administration's Background Screening Clearing house Webster on at 11:00 AM revealed that the facility did not have Employee D as employee listed under the facility employee roster.

Interview was conducted with Administrator on at 2:00 PM. After reviewing the facility roster on the Agency for Health Care Administration's Background Screening Clearinghouse website, she confirmed that Employee D was not listed on the facility roster.

Photographic evidence obtained

Unclassified