STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953664	**06/18/2018**
NAME OF PROVIDER OR SUPPLIER **MIDWAY MANOR RETIREMENT RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1754 ENSLEY AVENUE** **CLEARWATER, FL 33756**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2018005033) was conducted at Midway Manor ALF (assisted living facility) on . Midway Manor ALF had deficiencies at the time of the investigation.

(License #8632)

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

Based on record review and interview, the facility failed to provide proof in employee records that staff received required training, within 30 days of employment, in the subjects of resident rights in an assisted living facility (Resident Rights Training) and providing assistance with the activities of daily living (ADL Training) for one (Staff A) of three employee records sampled.

Findings included:

A review of employee records conducted on showed that Staff A, a direct care staff member, had a date of hire of . A review of Staff A's record showed no proof of Resident Rights Training or ADL Training.

An interview was conducted with the Administrator at 1:58 PM on concerning the lack of proof of Resident Rights Training and ADL training in Staff A's record. The Administrator acknowledged that there was no proof of the required training in Staff A's record.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953664	06/18/2018
NAME OF PROVIDER OR SUPPLIER **MIDWAY MANOR RETIREMENT RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1754 ENSLEY AVENUE** **CLEARWATER, FL 33756**	

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

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record interview and interview, the facility failed to ensure that sampled staff who have contact with residents had proof of a level II background screening in their personnel files indicating that they were able to work in an assisted living facility for two (Staff A and Staff B) of three staff members sampled.

Findings included:

A review of employee records conducted on showed that Staff A was hired on and Staff B was hired on . A review of the two employee records showed no proof of Level II background screenings indicating that they were eligible to work in an assisted living facility. A review of the facility's employee schedule for the week of showed that Staff A was working as a medication technician and Staff B was a caregiver. Staff B was observed assisting residents on the date of the survey and Staff B was not scheduled to work on that date.

The Administrator was interviewed at 1:58 PM on concerning the lack of proof of Level II background screenings and proof of eligibility to work in an assisted living facility for Staff A and Staff B. The Administrator reviewed the two employee records and acknowledged that there was no proof of Level II background screenings in their records.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the facility failed to provide proof that sampled staff, who have contact with residents and require a Level II background screening, had a signed compliance attestation form in their employee files for two (Staff A and Staff B) of three sampled employee records.

Findings included:

A review of employee records conducted on showed that Staff A was hired on and Staff B was hired on . A review of the employees' records showed an absence of signed compliance attestation forms.

A review of the facility's employee schedule for the week of showed that Staff A was working as a medication technician and Staff B was a caregiver. Staff B was observed assisting residents on the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953664	**06/18/2018**
NAME OF PROVIDER OR SUPPLIER **MIDWAY MANOR RETIREMENT RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1754 ENSLEY AVENUE** **CLEARWATER, FL 33756**	

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

date of the survey and Staff B was not scheduled to work on that date.

An interview was conducted with the Administrator at 1:58 PM on concerning the lack of signed compliance attestation forms in Staff A and Staff B's record. The Administrator was unable to provide any proof of signed compliance attestation forms for Staff A and Staff B.

Unclassified