

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11969055</b>               | (X3) DATE SURVEY COMPLETED<br><br><b>06/28/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER CREST HOME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2151 GRANADA BLVD<br/>KISSIMMEE, FL 34746</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                           |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>The re-licensure survey was conducted on ... and ... Silver Crest Home license # 12867 had deficiencies at the time of the visit.</p> <p><b>0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC</b></p> <p>Based on record review and interview the facility did not notify the Agency of the change of administrators within 10 days of the change.</p> <p>Findings:</p> <p>In an interview with the owner on ... at 9 AM who said, the administrator would not be present during the re-licensure survey but he would. He said she lived locally but would not be coming to the facility.</p> <p>On ... at 3 PM the Florida Health Finder. gov website listed staff C as the facility's administrator.</p> <p>In a telephone interview on ... at 2:20 PM with staff C who said, she resigned her position of administrator at the facility on ... and gave such resignation in writing. She was wondering why she would get mail from AHCA if she was no longer was the administrator.</p> <p>An e-mail was received on ... at 4:16 PM from staff C that contained a copy of an e-mail to the facility owner dated ... at 4 PM that indicated, "Consider this letter notification of my resignation effective today ...".</p> <p>In a telephone interview with the owner on at ... at 4:20 PM, who confirmed that staff C, the administrator resigned in ... He said that he had been in constant contact with the administrator and had paid her for her services. When asked did she re-send her resignation and returned to her duties, he replied no. He did not notify the Agency Central office that staff C was no longer the administrator.</p> <p>The facility was without an administrator, to oversee the operation since ...</p> <p>Class III</p> <p><b>0078 - Staffing Standards - Staff - 58A-5.019(2) FAC</b></p> |                                                                                           |                                                     |

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| <p>Based on record review and interview the facility failed to ensure 1 of 3 staff (B) obtained a healthcare provider statement to indicate freedom from communicable ( ).</p> <p>Findings:</p> <p>Personnel record review for staff B, hired and was a caregiver revealed no evidence to confirm she obtained a healthcare provider to indicate freedom from communicable ( ).</p> <p>In an interview with the manager on at 2:30 PM, who said she did not have the documentation available but would attempt to get, since she worked at another facility.</p> <p>An e-mail received on at 5 PM contained a healthcare provider statement to indicate freedom from communicable ( ) dated , the day after the survey and more than 30 days from hire.</p> <p>Class III</p> <p><b>0082 - Training - / - 58A-5.0191(3) FAC</b></p> <p>Based on observations and interviews the facility did not provide or arrange for 1 of 3 sampled staff (C) to attend /receive one-time education course on and .</p> <p>Findings:</p> <p>Personnel record review for staff C, hired on revealed no evidence to confirm she attended /received one-time education course on and .</p> <p>In an interview with the manager on at 2:30 PM, who said she did not have the documentation available but would attempt to get.</p> <p>An e-mail was received on at 5 PM that contained a certificate of training on / dated , the day after the survey and more than 30 days from hire.</p> <p>An e-mail was received on at 4:16 PM from staff C that indicated, "The application is not my handwriting in the application and I have not attended an in-service r/t / on ".</p> <p>Class III</p> |                                                                                           |                                                     |

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| <p><b>0163 - Records - Resident, Penalties for Alteration - 429.49 FS</b></p> <p>Based on personnel record review and interviews the facility intentionally altered the personnel records for 1 of 3 sampled staff (C) in an attempt to deceive the Agency and appear in compliance with statutory requirements.</p> <p>Findings:</p> <p>Personnel record review for staff C, hired on                      revealed no evidence to confirm she attended /received one-time education course on                      and                      . A job application was not available for review.</p> <p>In an interview with the owner on                      at 2:30 PM, who said she did not have the documentation available but would attempt to get.</p> <p>An e-mail received on                      at 5 PM that contained a certificate of training on                      /                      dated                      , the day after the survey and more than 30 days from hire. A job application dated                      was also received.</p> <p>In a telephone interview on                      at 2:20 PM with staff C who said, she resigned her position of administrator at the facility on                      and gave such resignation in writing. She was wondering why she would get mail from AHCA if she no longer was the administrator.</p> <p>An e-mail was received on                      at 4:16 PM from staff C that contained a copy of an e-mail to the facility owner dated                      at 4 PM that indicated, "Consider this letter notification of my resignation effective today                      ,                      ."</p> <p>An e-mail was received on                      at 4:16 PM from staff C that indicated, "The application is not my handwriting in the application and I had not attended an in-service r/t                      /                      on                      ."</p> <p>In a telephone interview with the owner on                      at 4:20 PM who confirmed the findings and offered no other comment.</p> <p>Class III</p> <p><b>Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS</b></p> <p>Based on record review and interview the facility failed to maintain the employment status of all</p> |                                                                                           |                                                     |

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| <p>employees within the BGS clearinghouse and report any changes in status within 10 business days.</p> <p>Findings:</p> <p>In an interview with the owner on                      at 9 AM who said, the administrator would not be present during the re-licensure survey but he would. He said she lived locally but would not be coming to the facility.</p> <p>On                      at 3 PM the Florida Health Finder. gov website listed staff C as the facility's administrator.</p> <p>Review of the Agency's BGS website on                      at 4:25 PM noted that staff C was listed as the facility administrator.</p> <p>In a telephone interview on                      at 2:20 PM with staff C who said, she resigned her position as the administrator at the facility on                      and gave such resignation in writing. She was wondering why she would get mail from AHCA if she was no longer the administrator.</p> <p>An e-mail was received on                      at 4:16 PM from staff C that contained a copy of an e-mail to the facility owner dated                      at 4 PM that indicated, "Consider this letter notification of my resignation effective today                     ".</p> <p>In a telephone interview with the owner on at                      at 4:20 PM, who confirmed that staff C, the administrator resigned on                     . He said that he had been in constant contact with the administrator and had paid her for her services. When asked did she re-send her resignation and returned to her duties, he replied no. He offered no further comment.</p> <p>The facility BGS roster was not updated within 10 business after staff C, the administrator resigned on                     .</p> <p>Unclassified</p> |                                                                                           |                                                     |