STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910317	08/23/2018
NAME OF PROVIDER OR SUPPLIER **GUARDIAN HOME II ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **902 WEST CANAL STREET** **NEW SMYRNA BEACH, FL 32168**	

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

0000 - Initial Comments

On , 2018 a biennial relicensure survey in conjuction with Limited Mental Health services was conducted at Guardian Home II (Lic #55). Deficient practice was identified during the survey.

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

Based on record review and staff interview, the facility failed to have evidence of an annual negative examination documented for 1 of 2 employees (Employee A).

The findings include:

A record review was conduced of an employee file for Employee A, caregiver, which revealed a date of hire of . The last documentation noted in the record regarding freedom from was from an examination dated . (Photographic evidence was obtained)

An interview was conducted with the Administrator on at 11:15 AM concerning the annual documentation for Employee A. The Administrator confirmed Employee A does not have annual documentation of screening, since the last screening on , and will need to send her to obtain the screen.

Class III

0180 - Emergency Management - 58A-5.026(1) FAC

Based on record review, and interview the facility failed to maintain an up to date emergency plan which would provide for provision of care of residents during an emergency or disaster.

The findings include:

During a review of facility records, a letter from Volusia County Emergency management, signed by the Administrative Coordinator dated , 2017 indicating the current Comprehensive Emergency Management Plan (CEMP) expires on . A statement was included stating the facility would be out of compliance and the Agency for Healthcare Administration would be notified.

An interview was conducted with the Administrator on at 2:15 PM. The Administrator confirmed the CEMP had not been submitted and he was working on it. The Administrator reported there was a

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SUMMARY STATEMENT OF DEFICIENCIES
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problem with the facility reciprocity agreement, and he had to find another one.

Class III

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

Based on employee record review, and staff interview, the facility failed to provide a current level II background screen for 1 of 2 employees (Employee A).

The findings include:

An employee record review was conducted on for Employee A, showing a date of hire of . The last background screening was dated . There was no evidence in the file another screening was conducted five years following this date. (photographic evidence was obtained)

An interview was conducted with the Administrator at 11:15 AM on , which confirmed Employee A did not have a new background screen conducted after . The Administrator confirmed he needed to send her to receive a new background screening.

Unclassified