STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968395	08/14/2018
NAME OF PROVIDER OR SUPPLIER **AVON MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **4531 SW 34TH DRIVE** **FORT LAUDERDALE, FL 33312**	

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

0000 - Initial Comments

An unannounced complaint survey, CCR#2018007234, was conducted on . . . . at Avon Manor, License #12308 . The facility had deficiencies at the time of the visit.

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on observation, interview and record review, it was determined the facility failed to issue a resident's contract that contain the required procedures for discharge of the facility by giving a 45- day notice in writing, for 3 out of 3 resident contract reviewed (Resident #1, #2, and #3).

The findings included:

During a record review of the facility's admission and discharge log, revealed three residents (#1, #2, and #3) recently "evicted" from the facility. Further review of the three residents' closed record, including the Admission Agreement, Resident Rights/ Bill of Rights, House Rules, and the Contract; states a 3-month probationary period and if behaviors are not acceptable to facility or break house rules, the facility will ask the resident to immediately leave and a 45-day notice is not needed. The regulations state that the resident must be discharged in accordance with section 429.28, F.S., which is, included the Resident Bill of Rights.

A record review of the facility's admission agreement, resident rights/ bill of rights, and house rules. Further record review of the residents (#1,#2,and #3)'s notes indicate incidents with each of the sampled residents and resulted in 911 activated but no .
Sample Resident #1 admission date of . . . . . , evict on . . . . .
Sample Residenr #2 admission date of . . . . evict on
Sample Resident #3 admission date of . . . . evict on . . . .

During an interview, with the Administrator, on . . . . at 12:30 PM, he stated that behaviors escalated during the probationary period and each sampled residents immediately left the facility without a written 45-day notice of termination, and confirmed the findings and did not provide any additional information.

Class

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

Based on observation, record review and staff interview, the facility failed to provide a current approved

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SUMMARY STATEMENT OF DEFICIENCIES
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Comprehensive Emergency Management Preparedness Plan by the local Emergency Management Division.

The findings included:

A record review of the facility's last CEMP comprehensive emergency preparedness plan approved letter by the local emergency management agency dated expired on . The facility was unable to provide a current approved CEMP since the last approved CEMP (expiration date of).

During an interview with the Administrator, on at 12:10PM, he confirmed the findings and thought the extenson for the Generator applied to the CEMP. The Administrator did not provide any additional information.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review, observation, and interview, the facility failed to notify each resident/resident representative in writing of the emergency plan and failed to develop written policies and procedures to ensure the facility can effectively operate and maintain the alternate power source. In addition, any fuel required for the operation of the alternate power source.

The findings include:

During an interview, on the Generator Assessment with the Administrator, on at 12:30PM, he stated that the facility does not have a written policy and procedure on how to maintain and operate the alternative power source, including any additional fuel that is necessary to operate the generator. In addition, the facility has not notified the residents and their representative in writing of the facility's implementation of the plan.

The Administrator confirmed the findings.

Class III

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

Based on record review and interview the facility failed to accurately maintain and update the

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

employment status of all employees within the Clearinghouse Background Screening for employment status for 3 out of 6 staff members (Staff A; B and C).

The findings included:

A review of current facility's staff roster provided by the Administrator on at 10:30AM compared to the Clearinghouse Background Screening revealed that three current staff members not registered.

1) Staff A- (hire date of) not registered and no longer employed, no end date
2) Staff B- (hire date of) not registered and no longer employed, no end date
3) Staff C- (hire date of) not registered

A record review of employee files and Staff A and B had all the required training and a Level II fingerprints obtained. Staff A and B were not registered on the Clearinghouse Background Screening within 10 days of hire. Staff A and B are no longer employed at the facility and the Clearinghouse does not have an end date. Staff C does not have all the required training however, she is within the 30 days of hire to complete.

During an interview with the Administrator, at 11:00AM on , confirmed the findings and no further documentation or information provided.

Unclassified