STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968701	**09/06/2018**
NAME OF PROVIDER OR SUPPLIER **CARING HANDS RESIDENCE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **REDFIN DR, POINCIANA** **POINCIANA, FL 34759**	

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

0000 - Initial Comments

Assisted Living Facility

On . . . . . a Biennial licensure survey with Extended Congregate Care was conducted at Caring Hands Residence. Deficient practice was identified during the survey.

(License #12559)

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

Based on record review and interview the facility failed to obtain a statement from a Health Care Provider indicating two of three employees (Administrator and Staff B) whose records were reviewed were free from communicable .

Findings Included:

Record Review conducted on for the Administrator with a date of hire of and Staff B with a date of hire of . . . . revealed that the employee record did not contain a statement of freedom from signs or symptoms of a communicable .

During an interview with the Administrator on at 2:50 PM they acknowledged and confirmed that required documentation was not in the employee's record.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on record review and interview, the facility failed to ensure that all direct care employees received a three hour training in Activities of Daily Living (ADL) and Behavioral Needs for two (Staff A and B) of three sampled employees.

Findings Included:

An employee record review for Staff A conducted on , revealed that Staff A did not have evidence of a three hour in-service training in ADL and Behavioral Needs in employee's record. Staff A's date of hire was .

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

An employee record review for Staff B conducted on . . . . . , revealed that Staff B did not have evidence of a three hour in-service training in ADL and Behavioral Needs in employee's record. Staff B's date of hire was . . . . . .

During an interview with the Administrator on . . . . . at 2:50 PM they acknowledged and confirmed that required training documentation was not in employee's record.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on record review and interview, the facility failed to ensure that trained unlicensed staff that assist with self-administration of medication completed the two-hour update training on an annual basis for two (Staff A and Staff B) of three sampled employees.

Findings Included:

Record review on . . . . . for Staff A with a date of hire of . . . . . revealed that the required two hour annual update to assist with self-administration of medication for the year 2017 to 2018 was not in employee's record.

Record review on . . . . . for Staff B with a date of hire of . . . . . revealed that the required two hour annual update to assist with self-administration of medication for the year 2017 to 2018 was not in employee's record.

In an interview with Administrator conducted on . . . . . at 2:50 pm they confirmed that the required training certificate was not in the employee's chart.

Class III