STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965709	**09/28/2018**
NAME OF PROVIDER OR SUPPLIER **GOOD SAM'S ASSISTED LIVING RESIDENCE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1 PEBBLEWOOD LANE** **PALM COAST, FL 32164**	

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

0000 - Initial Comments

From - , a biennial relicensure survey was conducted at Good Sam's Assisted Living Facility (Lic #10049). At the time of the survey deficient practice was found.

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

Based in review of records and interviews the facility failed to ensure that 1 out of 4 staffing records reviewed had an annual tuburculosis ( ) screening (Staff B) .

The Findings Include:

On , a review of Staff B's employment file was conducted. The file revealed that Staff B was employed on , , 2018. Staff B's file did not have a current screening.

On at 4:45pm, an interview was conducted with the Administrator. The Administrator confirmed that the screening was missing from Staff B's file.

CLASS III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on interview and record review the facility failed to maintain a written work schedule that reflected the 24-hour staffing pattern for the previous year.

The Findings Include:

On , a copy of the written works schedule was requested at 9:45am. The Administrator presented a monthly calendar for the month of , 2018. The calendar had no identifying information to show what shifts were worked, and by what employees. (Photographic Evidence Obtained)

On at 4:45pm, an interview with the Administrator was conducted. The Administrator stated that staff members are texted their work schedule.

CLASS III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
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0082 - Training - / - 58A-5.0191(4) FAC

Based on review of record and interview, the facility failed to ensure that 1 out of 4 staff members (Staff B) completed the required one-time education course on and within the first thirty days of employment.

The Findings Include:

A review of Staff B's employment file revealed a hire date of . There was no documentation to support completion of training in and .

On at 4:45pm in an interview conducted with the Administrator she confirmed that the documentation was not in Staff B's employment file.

CLASS III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that 1 out of 4 employees (Staff B) received training in ( ).

The Findings Include:

On , a review of employee records revealed Staff B a hire date of . There was no evidence the training was completed within the first 30 days of being hired.

On at 5:00 pm, during an interview with the Administrator, she confirmed that the training documentation was not in Staff B's employment record.

CLASS III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interviews the facility failed to ensure that 3 out of 4 employees failed to have documentation of a job application on file.

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SUMMARY STATEMENT OF DEFICIENCIES
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The Findings Include:

During a review of employement files, there was no job application located in the files of the Administartor, the Financial officer, or Staff B.

On at 4:45pm, an interview was conducted with the Administrator. The Administrator confirmed that the employment applications were not in the employment records for the Administrator, the financial officer and Staff B.

CLASS

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to ensure that 2 of 2 resident records were complete.

The Findings Include:

On a review of the records for Residents #2 and # 3 showed they were recieving hospice care. There was no hospice interdisciplinary care plan or documentation on file.

On at 4:45pm an interview was conducted with the Administrator. The Administrator confirmed that no hospice care plan information was on file for Resident #2 and #3.

CLASS III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview and review of recordsthe facility failed to provide written notification to its 3 residents indicating implementation of their emergency power plan (EPP).

The Findings Include:

On , a review of the residents and facility records were conducted. There was no evidence the facility notified each resident/resident representative in writing of implementation of the emergency power plan.

On at 4:45pm, an interview was conducted with the Administrator. The Administrator

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SUMMARY STATEMENT OF DEFICIENCIES
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confirmed they had not given written notification about the EPP implementation.

CLASS