STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910845	**11/21/2018**
NAME OF PROVIDER OR SUPPLIER **OAKWOOD EAST RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **1210 EAST OAKWOOD** **TARPON SPRINGS, FL 34689**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

An unannounced Abbrievated Biennial Survey was conducted at Oakwood East Retirement Center on . . . . . (License #4831).

Deficiencies were identified at the time of the visit.

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

Based on interview and record review the facility failed to ensure that one (A) out of seven employees had an annual test to ensure that staff were free of communicable .

Findings included:

On a record review was conducted of employee files. It was revealed that the Administrator, Employee A's most current . . . . . test was completed on . . . . . .
During the inital tour of the facility at 8:45 am, Employee G stated that the Administrator lived in the facility.
An Interview was conducted with the Administrator at 11:39 PM where he confirmed he did not have a more recent test performed since the 2017 test. He also acknowledged that he resided in the facility.

Class III

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

Based on interview and record review the facility failed to ensure that three (A, B, G) out of seven employees who worked directly with residents had the required . . . . . training.

Findings included:

On employee files were reviewed. Three employees did not have the . . . . . ( ) Orders training present in their files.
At 11:45 AM an interview was conducted with the Administrator. He stated that the facility did not have completed forms for the residents residing in the facility because Emergency Services ( ) will not honor it. All residents are provided rescusitation. He said that he did not do the training. He said that it was in their policy that staff read when hired.

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SUMMARY STATEMENT OF DEFICIENCIES
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The Administrative Assistant, staff B confirmed that training was not provided.

Class III

0182 - Emergency Mgmt - Plan Implementation - 58A-5.026(3) FAC

Based on interview and record review the facility failed to ensure that three (B, C, G) out of seven staff members had training in Emergency Preparedness and Evacuation training.

Findings included:

On a review of employee trainings was conducted. During the review it was identified that three of the staff members did not have Emergency Preparedness and Evacuation training.
At 1:06 PM the Administrative Assistant, staff B stated that herself, Employee B, and Employee G did not have the Emergency Preparedness training yet because they were the most recent staff hired. She said that now that the new emergency plan had been approved, they will get the training.
Employee B's hire date was .
Employee C's hire date was .
Employee G's hire date was .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

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

Based on interview and record review the facility failed to ensure that 7 (A, B, C, D, E, F, G) out of 7 employee files reviewed had a signed Attestation of Compliance with the Background Screening Requirement form completed in conjunction with the Level 2 screening.

Findings included:

On , an employee background screening review was completed of the employee files. Seven employees did not have a signed Attestation of Compliance with Background Screening Requirement form present in their employee files.
Employee A had a hire date of .
Employee B had a hire date of .
Employee C had a hire date of .
Employee D had a hire date of .
Employee E had a hire date of .
Employee F had a hire date of .
Employee G had a hire date of .

At 11:12 am, Employee B and Employee G stated that they had not completed the Attestation of Compliance form. Employee B said that it was not a form that they used.
At 12:36 pm Employee B, the assistant to the Administrator stated that there were no attestation of compliances for any of the staff.

At 12:50 pm the Administrator stated that he had never heard of the Attestation of Compliance form and he had not had staff sign the form.

Unclassified