

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922348	(X3) DATE SURVEY COMPLETED 12/04/2018
NAME OF PROVIDER OR SUPPLIER HILLSIDE GARDENS II	STREET ADDRESS, CITY, STATE, ZIP CODE 3434 ZARA WAY CLEARWATER, FL 33761	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On _____, an abbreviated biennial relicensure survey was conducted at Hillside Gardens II (Lic. #8007). Deficient practice was identified during the survey. 0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(f) Based on interview and record review, the facility failed to conduct the minimum of at least 2 resident elopement drills per year, nor did it have its related policies and procedures available for review. Findings included: Interview with caregiver staff at 2:30pm on _____ indicated that the facility had not been conducting any resident elopement drills for at least the last 2 years. Upon request, the administrator was unable to locate any file of elopement drills or other pertinent documentation including policies and procedures . Interview with the administrator at 4:10pm on _____ revealed that her facility had not been conducting any elopement drills for at least the last couple of years due to other unforeseen priorities. Class III 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on record review and interview, two of three staff sampled (A; C) who had been employed at least 30 days either did not have a statement attesting to their freedom from communicable _____, _____ (), or had not had their freedom from _____ status documented on an annual basis. Findings included: A personnel file review during the _____ survey revealed that the _____ statement for Staff A (hired _____) had expired _____, while Staff B (hired _____) did not have a statement from a health		

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care provider verifying the employee's freedom from other communicable , based on an examination no more than 6 months old. Interview with the administrator at 1:10pm on provided no clarification for this oversight. Class III 0081 - Training - Staff In-Service - 58A-5.0191() FAC Based on record review and interview, one of one new staff sampled (C) had not received a 2 hour preservice orientation prior to working with residents. Findings included: Personnel file review during the survey revealed that Staff C, hired , had no documentation verifying that he/she had completed a 2 hour preservice orientation before working with residents. Interview with the administrator at 1:25pm on confirmed that no "preservice orientation" had been given and no training certificate provided for Staff C. Class III 0090 - Training - - 58A-5.0191(11) FAC Based on record review and interview, one of three staff sampled (C) who had been employed at least 30 days had not obtained all required training. Findings include: A personnel record review found that Staff C, hired , had no documented evidence of receiving a 1 hour training in the facility's policy and procedures regarding . Interview with the administrator at 1:20pm on provided no explanation for this omission. Class III		

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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3) Based on record review and interview, the files for three of three staff sampled (A-C) did not include an Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, Findings included: An employee record review revealed that none of the three files reviewed for Staff A, B, or C contained a signed Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, Interview with the administrator at 2pm on provided no explanation for this discrepancy. UNCLASSIFIED		