STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910077	**12/19/2018**
NAME OF PROVIDER OR SUPPLIER **RESTHAVEN OF HARDEE COUNTY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **298 RESTHAVEN ROAD** **ZOLFO SPRINGS, FL 33890**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On . . . . . a biennial re-licensure survey with limited nursing services (LNS) was conducted at Resthaven of Hardee County Assisted Living Facility. Deficient practice was identified during the surveys.

(License# 5073)

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

Based on record review and interview, the facility failed to have in the personnel file of 1 (Staff C) of 5 direct care staff a written statement from a health care provider stating Staff C was free from communicable . . . . . Also Staff C did not have annual evidence of freedom from examination in her file.

Findings included:

Record review on of the personnel file for direct care staff C revealed she was hired on and there was no free from communicable . . . . . statement in her file or freedom from . . . . . completed in her file within 30 days of being hired at the facility.

When interviewed on at 1:30 p.m., the administrator verified the free from communicable . . . . . statement and the . . . . . test results for direct care staff C were not in her personnel file.

Class III