

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964942	(X3) DATE SURVEY COMPLETED 12/28/2018
NAME OF PROVIDER OR SUPPLIER PLANTATION RETIREMENT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2654 GRAND BLVD. HOLIDAY, FL 34690	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint Survey (CCR#: 2018016066) was conducted at Plantation Retirement Assisted Living Facility on . Plantation Retirement Assisted Living Facility had deficient practice identified at the time of the survey.

(License#: 9497)

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

Based on record review and interview, the Facility failed to provide the minimum required staffing levels in the Facility for the facility census of seven residents.

Findings Included:

During an interview with Staff A, conducted on at 11:15am, Staff A stated that the Administrator left on leave of absence on and that the Administrator usually present in the Facility three to four times per month. Staff stated that the Facility's current in-house census was seven residents.

A review of the Facility's staffing schedule, conducted on , revealed that the Facility provided for 208-staffing hours per week for an in-house census of seven residents (See Photographic Evidence1).

A review of the minimum required staffing hours, conducted on , revealed that the required number of staffing hours for a census of seven residents was 212-staffing hours per week.

During an interview with the Owner and Acting Administrator, conducted on 04:00pm, the Owner and Acting Administrator both acknowledged and confirmed that the Facility did not meet the minimum required staff levels.

Class III

2814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review, the Facility failed to have staff listed on the clearinghouse website as required within ten days of hire and failed to maintain the employment status of two employees (Acting

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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Administrator and Staff A) of three sampled employees. Findings Included: An employee record review for the Acting Administrator, conducted on _____, revealed that the Facility's Administrator obtained the temporary services of the Acting Administrator during a temporary leave of absence commencing on _____ and concluding on _____. An employee record review for Staff A, conducted on _____, revealed that the Facility hired Staff A on _____. A review of the Background Screening Clearinghouse Employee Roster, conducted on _____, revealed that neither the Acting Administrator nor Staff A were listed as a Facility employee on the Background Screening Clearinghouse Employee Roster. Unclassified		