STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965230	01/22/2019
NAME OF PROVIDER OR SUPPLIER **INN OF CYPRESS COVE AT HEALTH PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **10300 CYPRESS COVE DRIVE FORT MYERS, FL 33908**	

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

0000 - Initial Comments

An unannounced relicensure and extended congregate care monitoring survey was conducted on at Inn of Cypress Cove at Health Park, an assisted living facility (license #9630) in Fort Myers, Florida.

The following is description of the deficiencies.

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

Based on record review and interview, the facility failed to ensure that within 30 days after beginning employment, newly hired staff submit a written statement from a health care provider documenting the individual does not have any signs or symptoms of communicable , and documentation of a negative on an annual basis for 2 (Staff A and B) of 4 employee files reviewed.

The findings included:

Licensed Practical Nurse Staff A's employee file revealed a hire date of . Staff A's employee file contained no signed communicable statement. Staff A's employee file contained a negative finding over a year old dated .

Certified Nurses Aide Staff B's employee file revealed a hire date of . Staff B's employee file contained no signed communicable statement. Staff B's employee file contained a negative , dated with no further evidence of a negative examination being completed on an annual basis.

On at 4:45 p.m., The Administrator said Staff A works at another facility and gets it done there, however she had no proof of this. The Administrator said she had thought the negative x-ray for Staff B meant she didn't have to do this for 5 years.

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview, the facility failed to provide at least a 2 hour preservice orientation prior to interacting with residents for 1 (Staff A) of 1 staff reviewed hired after .

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings included:

Licensed Practical Nurse Staff A's employee file revealed a hire date of . Staff A's employee file contained no documentation signed by the Administrator and Staff A, that Staff A had completed a 2 hour preservice orientation prior to interacting with residents.

On at 4:45 p.m., the Administrator said she had not been aware of this requirement.

Class

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to issue and maintain training certificates in the facility's personnel files upon successful completion of trainings required by Florida rule for 3 (Staff A, B, and C) of 3 employee files reviewed.

The findings included:

Licensed Practical Nurse (LPN) Staff A's employee file revealed a hire date of , Certified Nurse's Aide Staff B's employee file revealed a hire date of , and Staff C's (LPN) employee file revealed a hire date of . Staff A, B, and C's files did not contain certificates of completion documenting completion of trainings required per Florida Statute. Staff A's file contained a printout of a transcript from a computer training program that listed course names, date completed, hours, final exam score, instructor named as the computer program, and organization. Other documentation provided for training by the facility were 2 sheets of paper signed and dated by the employee they had read and been given instructions at their time of hire information about , elopement, , incident reports, food handling, resident rights, ECC and emergency procedures. No hours/dates/instructor name, agenda or location of training were listed on these. None of the trainings listed on either of the forms contained an agenda of what was taught during the session.

On at 4:45 a.m., the Administrator said she understands what is supposed to be documented on the training certificates and agrees what was provided does not meet the requirement.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **INN OF CYPRESS COVE AT HEALTH PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **10300 CYPRESS COVE DRIVE FORT MYERS, FL 33908**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to register and maintain all employees on the facility roster within 10 business days of hire for 3 (Staff C, D, and E) of 6 employees reviewed.

The findings included:

Licensed Practical Nurse (LPN) Staff C's employee file revealed a hire date of . A review of the facility roster did not show Staff C listed.

During a review of actual staffing for the 2 weeks prior to date of survey on , Staff D (LPN) and Staff E (LPN) had worked on the midnight shift. Staff D and Staff E were not listed on the employee list provided by the facility. Staff D and E were also not listed on the facility's roster.

On at 4:55 p.m., the Administrator said that Staff D and Staff E were shared employees with the Skilled Nursing Facility located on the same property. The Administrator said they had been shared employees since they were hired. The Administrator said Staff C is only employed at the Assisted Living Facility. The Administrator contacted the Skilled Nursing Facility and found Staff D's hire date to be and Staff E's hire date to be . The Administrator said neither she nor the employee who maintains the roster realized shared staff had to be listed on each facility's staffing list and roster.

Unclassified