

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964327	(X3) DATE SURVEY COMPLETED 01/18/2019
NAME OF PROVIDER OR SUPPLIER SEMINOLE ACRES KANLAKE II	STREET ADDRESS, CITY, STATE, ZIP CODE 3562 SEMINOLE ROAD FORT PIERCE, FL 34951	

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

0000 - Initial Comments

An unannounced Relicensure with Limited Mental Health (LMH) survey was conducted on at Seminole Acres Kanlake II, License #9025. The facility had deficiencies at the time of the survey.

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

Based on record review and a staff interview, the facility failed to ensure 1 out of 2 sampled employees (Staff A) had submitted a written statement from a health care provider documenting that the employee does not have any signs or symptoms of communicable

The findings included:

During record review for Staff A, date of hire, a signed statement by a health care provider verifying this employee was free from all communicable could not be found. The file contained a statement dated that the employee was free from only.

The documentation of freedom from communicable for Staff A was requested from the Assistant Administrator (Staff B) at 1:07 PM. The facility provided no additional documentation of the required training for review at this time.

Class III

0081 - Training - Staff In-Service - 58A-5.019() FAC

Based on record review and an interview, the facility failed to ensure 1 out of 2 sampled staff (Staff D) had completed 2 hours of Preservice Orientation signed by the Administrator and staff member prior to interacting with residents.

The findings included:

Review of the personnel file for Staff D who works as a caregiver for residents revealed no certificate of a 2 hour Preservice orientation, including training in Residents' Rights and ALF (assisted living facility) services, signed by both the Administrator and the employee.

The documentation of this training for Staff D was requested from the Assistant Administrator (Staff B)

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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at 1:07 PM. The facility provided no additional documentation of the required training for review at this time. Class III 0083 - Training - First Aid and - 58A-5.0191(5) FAC Based on record review and an interview, the facility failed to ensure a staff member who has completed courses in both First Aid and , and holds a currently valid card documenting completion of such courses, was in the facility at all times, for 1 out of 2 sampled staff (Staff D). The findings included: Review of the personnel file for Staff D who works as the sole caregiver for residents during the day revealed no current training with a valid card in First Aid. The file contained a card that did not indicate First Aid training had been included. Staff D was observed in sole charge of 7 residents on at 9:00 AM. The documentation of training in First Aid for Staff D was requested from the Assistant Administrator (Staff B) at 1:07 PM. The facility provided no additional documentation of the required training for review at this time. Class III 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS Based on record review and an interview, the facility failed to ensure that 1 out of 1 sampled unlicensed staff members (Staff A) who provided assistance with self-administered medications had successfully completed a minimum of 6 hours initial training on providing assistance with self-administered medications and safe medication practices in an ALF (Assisted Living Facility). The findings included: The personnel file for Staff A was reviewed for documentation of a minimum of 6 hours of initial training on providing assistance with self-administered medications and safe medication practices in an ALF. The last documented training was a 2 hour course completed on .		

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STATE FORM