STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965079	**01/28/2019**
NAME OF PROVIDER OR SUPPLIER **LINDSAY'S ALTERNATIVE CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5783 NW 48TH DRIVE** **CORAL SPRINGS, FL 33067**	

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

0000 - Initial Comments

An unannounced abbreviated re-licensure survey was conducted on at Lindsay's Alternative Care Inc., License #9506. The facility had deficiencies at the time of the visit.

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

Based on interview and record review, it was determined the facility failed to ensure that each staff member submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable including ( ) annually, for 1 of 3 sampled employee records reviewed (Staff A).

The Findings Included:

During personnel record review, on at 2:00 PM with the Administrator, for three staff members indicate Staff A's file did not have documentation from a health care provider stating; that the individual does not have any signs or symptoms of communicable , including annually. The last MD statement found in record dated only states free of communicable . No documentation regarding an update on status. Documentation reveals a hire date for Staff A of .

The Administrator was present during the survey and confirmed the findings and no further documentation or information provided.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review, observation, and interview, the facility failed to notify each resident/resident representative in writing of the emergency plan and failed to develop written policies and procedures to ensure the facility can effectively operate, maintain, and test the alternate power source. In addition, any fuel required for the operation of the alternate power source.

The findings included

During an interview, on the Generator Assessment with the Administrator, on at 12:30 PM, he stated that the facility does not have a written policy and procedure on how to test, maintain, and operate the alternative power source, including any additional fuel that is necessary to operate the

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generator. In addition, the facility has not notified the residents and their representative in writing of the facility's implementation of the plan. Pending variance approval from city to install a fixed generator, however, the facility could not provide any documentation regarding that or an extension.

The Administrator was present during the survey on and confirmed the findings.

Class III

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

Based on record review and interview, the facility failed to maintain the employment status of all employees within the Clearinghouse Background Screening for employment status, for 3 out of 11 staff members (Staff C; D and E).

The findings included:

A review of current facility's staff schedule observed posted on at 9:30 AM compared to the Clearinghouse Background Screening Facility Employee Roster revealed that three former staff members do not have an end date.

a) Staff C hire date of end date of
b) Staff D hire date of end date of
c) Staff E hire date of end date of

The Administrator was present during the survey and confirmed the findings, and no further documentation or information was provided.

Unclassified