| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11969176 | 04/09/2019 |
| NAME OF PROVIDER OR SUPPLIER<br>**THE HOUSE OF CARES INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1042 HALEYBERRY AVE**<br>**PORT SAINT LUCIE, FL 34953** | |

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

**0000 - Initial Comments**

An unannounced relicensure survey was conducted on [redacted] at The House Of Cares Inc. The facility had deficiencies at the time of the visit.

**0051 - Medication - Pill Organizers - 58A-5.0185(2) FAC**

Based on observation and interview it was determined the facility failed to ensure only licensed staff provided assistance with the contents of pill organizers and that a nurse may only manage a pill organizer to be used only by residents who self-administer medications for 1 of 1 sampled residents (Resident #1).

The findings included:

During observation of Staff A, on [redacted] beginning at approximately 8:15 AM, she place a small plastic cup of oral medications (pills) next to Resident #1's bowl of oatmeal. This resident subsequently consumed the medications. Staff A was asked where she obtained those medications from. She replied that Staff B had placed medications in a weekly pill box for Resident #1's morning medications, prior to Staff B leaving the State. Staff A stated she had been living-in the facility and taking care of Resident #1 since [redacted], when Staff B left the State. Staff A was asked if there were any other medications provided to Resident #1 during the course of the day. She stated he gets 5mg of [redacted] at bedtime to help him sleep. She acknowledged that she gives him this medication at bedtime. Staff A was asked if she was a licensed nurse or if she had received any training regarding assisting residents with the self administration of medications. She replied that she was not a licensed nurse and that she had not received any medication training. Staff A was asked if Staff B was a licensed nurse. She replied not to her knowledge. The wall in Staff B's office contained framed certifications, degrees, and a massage [redacted], license. However, a nursing license was not located.

During interview conducted with Resident #1, on [redacted] beginning at approximately 9:00 AM, he was asked if he was aware of who prepared his weekly pill box. He replied Staff B prepared them before she left.

Please refer to Z824 regarding Right of Inspection as access to Resident #1's health assessment or physician's orders was not provided during this inspection.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11969176 | 04/09/2019 |
| NAME OF PROVIDER OR SUPPLIER<br>**THE HOUSE OF CARES INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1042 HALEYBERRY AVE**<br>**PORT SAINT LUCIE, FL 34953** | |

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

**0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)**

Based on observation, interview, and record review it was determined the facility failed to ensure that each staff member that provides assistance with the self administration of medications was trained pursuant to the training requirements of rule 58A-5/0191, F.A.C. and this rule and must be able to assist residents with self administered medications in accordance with procedures described in section 429.256, F.S. and they rule for 1 of 1 staff (Staff A) and 1 of 1 sampled residents (Resident #1).

The findings included:

During observation of Staff A, on beginning at approximately 8:15 AM, she place a small plastic cup of oral medications (pills) next to Resident #1's bowl of oatmeal. This resident subsequently consumed the medications. Staff A was asked where she obtained those medications from. She replied that Staff B had placed medications in a weekly pill box for Resident #1's morning medications, prior to Staff B leaving the State. Staff A stated she had been living-in the facility and taking care of Resident #1 since , when Staff B left the State. Staff A was asked if there were any other medications provided to Resident #1 during the course of the day. She stated he gets 5mg of at bedtime to help him sleep. She acknowledged that she gives him this medication at bedtime. Staff A was asked if she was a licensed nurse or if she had received any training regarding assisting residents with the self administration of medications. She replied that she was not a licensed nurse and that she had not received any medication training. Staff A was asked if Staff B was a licensed nurse. She replied not to her knowledge. The wall in Staff B's office contained framed certifications, degrees, and a massage , license. However, a nursing license was not located.

During interview conducted with Resident #1, on beginning at approximately 9:00 AM, he was asked if he was aware of who prepared his weekly pill box. He replied Staff B prepared them before she left.

Class III

**0054 - Medication - Records - 58A-5.0185(5) FAC**

Based on observation, interview, and record review it was determined the facility failed to ensure each resident who receives assistance with the self administration of medications or medication administration that a MOR (medication observation record) was immediately updated each time the medication is offered or administered for 1 of 1 sampled residents (Resident #1).

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969176** | **04/09/2019** |
| NAME OF PROVIDER OR SUPPLIER **THE HOUSE OF CARES INC** | STREET ADDRESS, CITY, STATE, ZIP CODE **1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953** | |

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

The findings included:

During observation and interview conducted with Staff A, on beginning at approximately 8:35 AM, she was asked why Resident #1's MOR for had not been maintained in an up-to-date manner (picture obtained). She acknowledged that she was not aware there was any documentation to complete regarding medications and that she just starting working here on . She also acknowledged she had not received any training related to assisting residents with the self administration of medications. Staff A acknowledged the following medications were noted on the MOR without any documentation to indicate when/if medications were provided:

1) D3 5000iu daily
2) Hayseed Oil 1200mg daily
3) 5mg daily (9:00 PM)
4) Vision Health 1 tab daily
5) Softener take 103 tabs daily (PRN - as needed)
6) Super B-100 daily
7) Tumeric 500mg daily
8) St Johns Worth take tabs daily
9) Z-Quil 30ml at bedtime as needed
10) 500mg take tabs as needed
11) 220mg daily for
12) 200mg take 2 caps as needed for
13) 220 take 1 tabs as needed
14) Cramps take tabs every 4 hours as needed for

Class III

**0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC**

Based on interview and record review it was determined the facility failed to contact each resident's health care provider for revised instructions for PRN (as needed) medications to describe the circumstances under which it would be appropriate for the resident to request the medication and any limitations if applicable must be specified; for example, "as needed for , not to exceed 4 tablets per day" for 1 of 1 sampled residents (Resident #1).

The findings included:

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969176** | **04/09/2019** |
| NAME OF PROVIDER OR SUPPLIER **THE HOUSE OF CARES INC** | STREET ADDRESS, CITY, STATE, ZIP CODE **1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953** | |

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

Review of Resident #1's MOR (Medication Observation Record) for , indicated the following:

1) Softener take 103 tablets by daily PRN (as needed)
2) Z-Quil 30ml at bedtime as needed
3) 500mg take tabs by as needed

During interview conducted with Staff A, on beginning at approximately 8:35 AM, she stated she was not aware of this requirement.

Class III

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

Based on observation and interview it was determined the facility failed to ensure at lease one staff member who has access to facility and resident record in case of an emergency must be in the facility at all times when residents are in the facility. In addition, during periods of absences of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , must be physically present and designated in writing to be in charge of the facility.

Based on interview it was determined the facility failed to maintain documentation of attendance of First Aid and providing evidence that a staff member who has completed courses in First Aid and must be in the facility at all times for 1 of 1 live-in staff (Staff A) and 1 of 1 current residents (Resident #1).

The findings included:

This surveyor arrived at the facility on at approximately 7:50 AM. There was 1 staff member (Staff A) and 1 resident (Resident #1) present during this inspection. Staff A was asked if the Administrator was on site or when she was due to arrive. Staff A stated the Administrator was out of State. Staff A then proceeded to call the Administrator to inform her of this inspection, on at 7:55 AM. At this time, this surveyor spoke to the Administrator on the telephone. The Administrator was asked if her alternate administrator would be arriving for this inspection. The Administrator's response was she (the Administrator) is the only person with a key to access facility; staff; and resident records. She stated she is currently out of State and that these records would not be available for inspection. The Administrator stated the only record available for review is the CEMP (Comprehensive Emergency Management Plan) and it was on her desk and Staff A could obtain and provide that for review. The Administrator was asked how long she had been out of State. She did not reply to this question. The

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11969176 | 04/09/2019 |
| NAME OF PROVIDER OR SUPPLIER<br>**THE HOUSE OF CARES INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1042 HALEYBERRY AVE**<br>**PORT SAINT LUCIE, FL 34953** | |

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

Administrator was reminded that during her absences an alternate administrator/manager, with access to records, is to be available. She replied the CEMP is all this surveyor would have access to.

During interview conducted with Staff A, on beginning at approximately 8:35 AM, she stated her first day of work was on and that was when the Administrator left town and she has been the live-in care giver since that time. She was asked if she was aware of an alternate administrator/manager during the absence of the Administrator. She stated she was not aware of anyone but the Administrator. Staff A confirmed she did not have access to any records. She stated the only training she had received, prior to the Administrator leaving the State, was where the food was kept; how to use fire extinguisher; how to pull the fire alarm; and where Resident #1's pill box was kept. She was asked if she had First Aid; ; and Medication Training. She acknowledged that she had not received those trainings.

Class III

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

Based on interview it was determined the facility failed to provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training prior to interacting with residents and staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides must receive a minimum of 1 hour inservice training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents for 1 of 1 sampled staff interviewed (Staff A).

The findings included:

During interview conducted with Staff A, on beginning at approximately 8:35 AM, she acknowledged she was not a nurse, not a certified nursing assistance, and not a home health aide. She stated the only training she received, prior to the Administrator leaving, was the location of the food; make sure medications are locked up; location of fire extinguishers and fire alarm pull station. She acknowledged she has been assisting Resident #1 with personal care services.

Class III

**0083 - Training - First Aid and - 58A-5.0191(5) FAC**

Based on interview it was determined the facility failed to maintain documentation of attendance of First Aid and providing evidence that a staff member who has completed courses in First Aid and

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11969176 | 04/09/2019 |
| NAME OF PROVIDER OR SUPPLIER<br>**THE HOUSE OF CARES INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1042 HALEYBERRY AVE**<br>**PORT SAINT LUCIE, FL 34953** | |

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

must be in the facility at all times for 1 of 1 live-in staff (Staff A) and 1 of 1 current residents (Resident #1).

The findings included:

This surveyor arrived at the facility on . . . . . at approximately 7:50 AM. There was 1 staff member (Staff A) and 1 resident (Resident #1) present during this inspection. Staff A was asked if the Administrator was on site or when she was due to arrive. Staff A stated the Administrator was out of State. Staff A then proceeded to call the Administrator to inform her of this inspection, on at 7:55 AM. At this time, this surveyor spoke to the Administrator on the telephone. The Administrator was asked if her alternate administrator would be arriving for this inspection. The Administrator's response was she (the Administrator) is the only person with a key to access facility; staff; and resident records. She stated she is currently out of State and that these records would not be available for inspection. The Administrator stated the only record available for review is the CEMP (Comprehensive Emergency Management Plan) and it was on her desk and Staff A could obtain and provide that for review. The Administrator was asked how long she had been out of State. She did not reply to this question. The Administrator was reminded that during her absences an alternate administrator/manager, with access to records, is to be available. She replied the CEMP is all this surveyor would have access to.

During interview conducted with Staff A, on . . . . . beginning at approximately 8:35 AM, she stated her first day of work was on and that was when the Administrator left town and she has been the live-in care giver since that time. She was asked if she was aware of an alternate administrator/manager during the absence of the Administrator. She stated she was not aware of anyone but the Administrator. Staff A confirmed she did not have access to any records. She stated the only training she had received, prior to the Administrator leaving the State, was where the food was kept; how to use fire extinguisher; how to pull the fire alarm; and where Resident #1's pill box was kept. She was asked if she had current First Aid and current Training. She acknowledged that she had not received those trainings.

Class III

**0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS**

Based on observation and interview it was determined the facility failed to ensure that each unlicensed staff member that provides assistance with the self administration of medications as described in rule 58A-5.0185, F.A.C. had med the training requirements pursuant to section 429.52(6), F.S. prior to assuming this responsibility for 1 of 2 sampled staff observed (Staff A) providing assistance to 1 of 1

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969176** | **04/09/2019** |
| NAME OF PROVIDER OR SUPPLIER **THE HOUSE OF CARES INC** | STREET ADDRESS, CITY, STATE, ZIP CODE **1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953** | |

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

sampled residents (Resident #1).

The findings included:

During observation of Staff A, on beginning at approximately 8:15 AM, she place a small plastic cup of oral medications (pills) next to Resident #1's bowl of oatmeal. This resident subsequently consumed the medications. Staff A was asked where she obtained those medications from. She replied that Staff B had placed medications in a weekly pill box for Resident #1's morning medications, prior to Staff B leaving the State. Staff A stated she had been living-in the facility and taking care of Resident #1 since , when Staff B left the State. Staff A was asked if there were any other medications provided to Resident #1 during the course of the day. She stated he gets 5mg of at bedtime to help him sleep. She acknowledged that she gives him this medication at bedtime. Staff A was asked if she was a licensed nurse or if she had received any training regarding assisting residents with the self administration of medications. She replied that she was not a licensed nurse and that she had not received any medication training. Staff A was asked if Staff B was a licensed nurse. She replied not to her knowledge. The wall in Staff B's office contained framed certifications, degrees, and a massage , license. However, a nursing license was not located.

During interview conducted with Resident #1, on beginning at approximately 9:00 AM, he was asked if he was aware of who prepared his weekly pill box. He replied Staff B prepared them before she left.

Class III

**0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC**

Based on observation and interview it was determined the facility failed to make accessible all regular and therapeutic menus to be used by the facility that had been reviewed annual by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.

In addition, based on observation and interview it was determined the weekly menu was not conspicuously posted or easily available to residents for 1 of 1 sampled residents (Resident #1).

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969176** | **04/09/2019** |
| NAME OF PROVIDER OR SUPPLIER **THE HOUSE OF CARES INC** | STREET ADDRESS, CITY, STATE, ZIP CODE **1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953** | |

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

The findings included:

Please refer to Z824 related to facility failure to provide access to records.

During observation and interview conducted with Staff A, on beginning at approximately 8:35 AM, she was asked where the weekly menu was posted or accessible to residents. She acknowledged that it was not posted or accessible since she started working there on .

Resident #1 stated dinner time is noted on the activity calendar, but not what is to be served.

Class III

**0094 - Food Service - Food Hygiene - 58A-5.020(3) FAC**

Based on interview it was determined the facility failed to provide access to copies of inspection reports issued by the county health department for the last 2 years that must be maintained on file in the facility.

The findings included:

Please refer to Z824 regarding refusal to provide Right of Inspection.

Class

**0160 - Records - Facility - 58A-5.024(1) FAC**

Based on interview it was determined the facility failed maintain required records in a manner that makes such record readily available at the licensee's physical address for review by a legally authorized entity to include the following records:

1) An up-to-date admission and discharge log listing all of the residents and the regulatory required information for each;
2) Documentation of the approval of the facility's county emergency management plan;
3) All food service records required in Rule 58A-5/020, F.A.C., including planned weekly menus, county health department inspection reports'
4) All fire safety inspection reports issued by the local authority of the State Fire Marshall issued within the past 2 years; and
5) The facility's documented resident elopement response drills

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969176** | **04/09/2019** |
| NAME OF PROVIDER OR SUPPLIER **THE HOUSE OF CARES INC** | STREET ADDRESS, CITY, STATE, ZIP CODE **1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953** | |

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

The findings included:

Please refer to Z824 regarding Right of Inspection for complete details.

Class

**0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC**

Based on interview it was determined the facility failed to provide accessibility of personnel records which are to contain, at a minimum, the following documentation:

1) A level 2 background screening;
2) Documentation with all training requirements have been met;
3) A copy of the employment application with references furnished;
4) Documentation verifying freedom from communicable & freedom from signs and symptoms of (annually);
5) Participation in elopement drills;
6) Written work schedules and staff time sheets for the most current 6 months

The findings included:

Please refer to Z824 Right of Inspection for complete details.

Class

**0162 - Records - Resident - 58A-5.024(3) FAC**

Based on interview it was determined the facility failed to provide access to resident records that are to be maintained on the premises and include the following:

1) Resident demographic data;
2) Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency;
3) Name, address, and phone number of the health care provider and case manager (if applicable);
4) A copy of the Resident Health Assessment Form 1823;
5) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided that required a health care provider's order;
6) Resident record (updated at least semi-annually);

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969176** | **04/09/2019** |
| NAME OF PROVIDER OR SUPPLIER **THE HOUSE OF CARES INC** | STREET ADDRESS, CITY, STATE, ZIP CODE **1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953** | |

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

7) For facilities that will have unlicensed staff assisting the resident with the self administration of medications, a copy of the informed consent described in Rule 58A-5/0181, F.A.C.
8) A copy of the resident's with the facility, including any addendums to the contract as described in Rule 58A-5.025, F.A.C.

The findings include:

Please refer to Z824 regarding Right of Inspection for complete details.

Class

**0181 - Emergency Plan Approval - 58A-5.026(2) FAC**

Based on interview and record review it was determined the facility failed to maintain documentation of submission of revision and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised.

The findings included:

During review of the facility's CEMP (Comprehensive Emergency Management Plan) binder the cover sheet was stamped on by the St Lucie County Fire District with a notation "subject to field inspection see attached revision sheet". No revision sheet was located. The Administrator was out of State and unavailable on site to locate the required information. (Picture obtained).

Please see Z824 (related to Right of Inspection) & A0079 (related to availability of an alternate administrator during absences of the Administrator).

Class

**0200 - Emergency Environmental Control - 58A-5.036 FAC**

Based on interview and record review it was determined the facility failed to maintain a detailed emergency environmental control plan.

The findings included:

This surveyor arrived at the facility on at approximately 7:50 AM. There was 1 staff member (Staff A) and 1 resident (Resident #1) present during this inspection. Staff A was asked if the

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969176** | **04/09/2019** |
| NAME OF PROVIDER OR SUPPLIER **THE HOUSE OF CARES INC** | STREET ADDRESS, CITY, STATE, ZIP CODE **1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953** | |

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

Administrator was on site or when she was due to arrive. Staff A stated the Administrator was out of State. Staff A then proceeded to call the Administrator to inform her of this inspection, on at 7:55 AM. At this time, this surveyor spoke to the Administrator on the telephone. The Administrator was asked if her alternate administrator would be arriving for this inspection. The Administrator's response was she (the Administrator) is the only person with a key to access facility; staff; and resident records. She stated she is currently out of State and that these records would not be available for inspection. The Administrator stated the only record available for review is the CEMP (Comprehensive Emergency Management Plan) and it was on her desk and Staff A could obtain and provide that for review. The Administrator was asked how long she had been out of State. She did not reply to this question. The Administrator was reminded that during her absences an alternate administrator/manager, with access to records, is to be available. She replied the CEMP is all this surveyor would have access to. Staff A was provided the opportunity to locate the facility's emergency environmental control plan and she was not able to locate this either.

Class

**Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC**

Based on interview it was determined the facility failed to provide access to the eligibility results of each employee's level 2 background screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C. in the employee's personnel file that is maintained by the facility for 2 of 2 sampled staff (Staff A and Staff B).

The findings included:

Please refer to Z824 related to facility failure to provide Right of Inspections for complete details.

During interview conducted with Staff A (date of hire discussed with ), on beginning at approximately 8:35 AM, she was asked if she had signed the Attestation form and if a level 2 background screening was conducted prior to hire. She replied she did not know.

Staff B (date of hire is approximately ) did not have an employee file accessible for review in order to determined if an Attestation had been signed and a current level 2 background screening was on file.

Unclassified

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11969176 | 04/09/2019 |
| NAME OF PROVIDER OR SUPPLIER<br>**THE HOUSE OF CARES INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1042 HALEYBERRY AVE**<br>**PORT SAINT LUCIE, FL 34953** | |

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 it was determined the facility did not maintain an up-to-date Background Screening Clearinghouse Roster for 1 of 1 sampled staff (Staff B) that have been employed for more than 10 business days.

The findings included:

Review of the facility's Background Screening Clearinghouse Roster did not note any employees as of . . . . . (picture obtained).

Staff B (date of hire is approximately . . . . ) was not noted on the facility's Background Screening Clearinghouse Roster

Unclassified

**Z824 - Right of Inspection; Inspection Reports - 408.811 FS; 59A-35.120 FAC**

Based on interview it was determined the facility failed to provide access to the agency copies of all provider records required during an inspection, specifically related to facility failure to provide access to facility records; staff records; and resident records during an unannounced relicensure inspection conducted on . . . . . .

The findings included:

This surveyor arrived at the facility on . . . . . at approximately 7:50 AM. There was 1 staff member (Staff A) and 1 resident (Resident #1) present during this inspection. Staff A was asked if the Administrator was on site or when she was due to arrive. Staff A stated the Administrator was out of State. Staff A then proceeded to call the Administrator to inform her of this inspection, on at 7:55 AM. At this time, this surveyor spoke to the Administrator on the telephone. The Administrator was asked if her alternate administrator would be arriving for this inspection. The Administrator's response was she (the Administrator) is the only person with a key to access facility; staff; and resident records. She stated she is currently out of State and that these records would not be available for inspection. The Administrator stated the only record available for review is the CEMP (Comprehensive Emergency Management Plan) and it was on her desk and Staff A could obtain and provide that for review. The Administrator was asked how long she had been out of State. She did not reply to this question. The Administrator was reminded that during her absences an alternate administrator/manager, with access

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969176** | **04/09/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**THE HOUSE OF CARES INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1042 HALEYBERRY AVE**<br>**PORT SAINT LUCIE, FL 34953** | |

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

to records, is to be available. She replied the CEMP is all this surveyor would have access to.

During interview conducted with Staff A, on beginning at approximately 8:35 AM, she stated her first day of work was on and that was when the Administrator left town and that she has been the live-in care giver since that time.

Unclassified