STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969370	04/09/2019
NAME OF PROVIDER OR SUPPLIER **SILVER TREASURES AT LANE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1769 LANE AVE S** **JACKSONVILLE, FL 32210**	

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

0000 - Initial Comments

An Extended Congregate Care monitoring survey and Emergency Environmental Control Plan monitoring survey were conducted at Silver Treasures at Lane Assisted Living Facility on . Deficiencies were identified at the time of the survey.

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

Based on employee record review and staff interview the facility failed to ensure the training certificates and proof of a negative test for one employee (D) out of five sampled employees were maintained in the employee record.

The findings include:

Review of the employee record for Employee D, revealed no training certificates for the required trainings within 30 days of hire. A blank form for documenting the training dates was in the file (Photographic evidence obtained).

During an interview with Employee A at 12:35 PM, she reviewed the training file for Employee D and stated that there should be training certificates in her file. She also stated that there should be proof of a negative test in her file. She left the interview to call the owner/administrator. She returned to the interview and stated that the administrator took the employee's training certificates home to organize the employee's file and will bring them tomorrow. She was requested to fax the certificates to this surveyor. She stated she would tell the administrator. She stated Employee D is the Activities staff member. She works Monday through Friday 10:00 AM to 4:00 PM. She is not on the schedule because she is not a caregiver.

She later produced a fax of the training form that had all the trainings marked as completed on and . The bottom of the form read: Trainings completed and (Photographic evidence obtained). Employee A was informed that the training certificates needed to be in the employee's file, not just a list with dates on it.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on facility document review of the Emergency Environmental Control Plan (EECP) and staff

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SUMMARY STATEMENT OF DEFICIENCIES
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interview the facility failed to notify in writing within 5 business days of submission of the EECP to the local emergency management authority and upon final implementation of the plan, the residents and the residents' legal representatives. The facility failed to develop a written policy and procedure to ensure that the facility can effectively and immediately activate, operate and maintain the alternative power source and any fuel required for the operation of the alternative power source.

The findings include:

Review of the facility Emergency Environmental Control Plan (EECP) revealed the plan was dated .

Review of the resident contracts revealed no notification of implementation of the EECP.

Review of the Emergency Management Plan binder revealed no proof of notification to the residents/resident representative of the EECP or plan implementation. No policy and procedure for the EECP was found.

During an interview with Employee A at 1:55 PM on , she looked through the resident agreements for the notification of the EECP. No proof of notification or policy and procedure was found. She stated she was not sure if there was a policy and procedure.

Class III

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

Based on employee record review, review of the Agency for Health Care Administration (AHCA) Care Provider Background Screening Clearinghouse and staff interview the facility failed to ensure seven employees (A, B, C, D, F, G and H) out of 10 sampled employees were registered on the AHCA Care Provider Background Screening Clearinghouse within 10 days of hire.

The findings include:

Review of the employee files of the facility revealed:
Employee A's date of hire (DOH) was . Employee B's DOH was . Employee C's DOH was . Employee D's DOH was . Employee F's DOH was .
Employee G's DOH was . Employee H's DOH was .

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SUMMARY STATEMENT OF DEFICIENCIES
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Review of the Agency for Health Care Administration (AHCA) Care Provider Background Screening Clearinghouse on [redacted] at 12:23 PM revealed Employees A, B, C, D, F, G and H were not on the employee roster. The owner, the administrator and Employee E were the only employee listed on the roster (Copy obtained).

On [redacted] at 1:00 PM an interview was conducted with Employee A, she confirmed that the Agency for Health Care Administration (AHCA) Employee Roster did not show the employees in question. She stated that the Administrator is the one that enters the employee data into the AHCA Care Provider Background Screening Clearinghouse website and she indicated she was unsure of why it was not up to date.

Unclassified