STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910784	**05/02/2019**
NAME OF PROVIDER OR SUPPLIER **ST MARK VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2655 NEBRASKA AVENUE** **PALM HARBOR, FL 34684**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey, with Limited Nursing Services (LNS), was conducted at St Mark Village on . Deficiencies were identified at the time of survey.

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

Based on records review and interview, the facility failed to ensure that staff members were free of signs and symptoms of communicable for 3 of 4 staff members whose records were reviewed (A, B and C).

Findings Included:

A review of records for Staff A, Staff B and Staff C was conducted on . The review of the 3 staffing records revealed that there was no statement from a health care provider that the employees did not have any signs and symptoms of any communicable . Staff A was a nurse and began working at the facility on . Staff B was a certified nursing assistant and began working at the facility on . Staff C was a certified nursing assistant and began working at the facility on .

In an interview with the Director of Nursing at 4:00pm on , the Director of Nursing stated that the facility did not have a written statement from Staff A, B or C's health care provider declaring that the staff member showed no signs or symptoms of communicable . The Director of Nursing said that the facility had mistakenly thought that having a negative result on an annual tuberculoses screening would meet the requirement for the statement from a health care provider that an employee had any signs or symptoms of any communicable .

Class III