STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967631	**05/09/2019**
NAME OF PROVIDER OR SUPPLIER **BALMORE HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **12137 86TH ROAD NORTH WEST PALM BEACH, FL 33412**	

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

0000 - Initial Comments

An Abbreviated Re-licensure survey was conducted at Balmore House on . The provider had deficiencies at the time of the visit.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(I)

Based on record review, observation and interview, the facility failed to ensure that it conducted the required Elopement standard of at least two (2) Elopement drills per year.

Findings include:

During the Abbreviated Re-licensure Survey conducted on , this surveyor reviewed the facility "AHCA Book" folder which contained information related to the facility's surveys. During review, this surveyor observed three forms documenting drills conducted. Drills documented was (2) for and .

During interview with the Financial Officer on , this surveyor advised that the folder only contained elopement drills for and , and asked if there were additional documents not contained in the folder provided. The Financial Officer reviewed the folder and observed that there was only two drills documented. This surveyor reminded her of the requirements, which she acknowledged.

On between 2:10 PM and 2:25 PM, this surveyor met with the Financial Officer to conduct the Exit Interview. This surveyor discussed the findings of the survey, which included the requirement for Elopement drills. The Financial Officer acknowledged the findings and stated they will get conduct them as required.

Class

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

Based on record review, observation and interview, the Center failed to ensure that two (2) of three (3) employees reviewed (Employee A and B) secured a statement from a licensed health care provider indicating that the employee is free from ( ) in a communicable form.

Findings include:

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

During the Abbreviated Re-licensure Survey conducted on . . . . . , this surveyor reviewed the facility employee file for employee A and B. During the review, this surveyor observed that the most recent documentation in employee A's file (who was hired . . . . .), was dated . . . . As such, the file did not contain evidence of a current annual negative examination.

During review of employee B's employee file (who was hired), it was observed that the most recent documentation was dated . . . . As such, the file did not contain evidence of a current annual negative examination.

During interview with the Financial Officer on , this surveyor stated that the status was not up to date, and inquired as to whether the status had been updated as required annually. The Financial Officer reviewed the document and observed both documents as needing updating in order to meet the annual requirement.

On . . . . . between 2:10 PM and 2:25 PM, this surveyor met with the Financial Officer to conduct the Exit Interview. This surveyor discussed the findings of the survey, which included the status of employees A and B. The Financial Officer acknowledged the findings and stated they will get them updated and submitted.

Class III