STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969203	**04/12/2019**
NAME OF PROVIDER OR SUPPLIER **GOCIO HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3781 GOCIO RD** **SARASOTA, FL 34235**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted . . . through . . . at Gocio Home, an assisted living facility in Sarasota, Florida.

The following is description of the deficiencies:

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

Based on record review and staff interview, the facility failed to ensure a written statement of freedom from communicable . . . . . signed by a medical provider or evidence of an annual negative examination report was documented in the employee record for 1 (Staff C) of 3 staff sampled. This has the potential to expose residents, staff and visitors to communicable . . . . . .

The findings included:

On record review of Resident Assistant Staff C revealed no evidence a written statement of freedom from communicable , signed by a medical provider, was documented in the respective employee records. The last documented annual negative . . . . . examination report for Staff C was dated .

On at 2:21 p.m., in an interview the facility Manager confirmed the absence of the written freedom from communicable . . . . . statement and the annual negative . . . . . examination report in the employee record for Staff C.

Class III

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

Based on observation and staff interview, the facility failed to maintain a safe, clean and comfortable environment.

The findings included:

On at 8:18 a.m., observation revealed the ceiling in the facility living room was in obvious disrepair with water stains, cracks, and a hole noted.

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SUMMARY STATEMENT OF DEFICIENCIES
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On . . at 8:21 a.m., observation revealed 4 facility dining room chairs were soiled with multiple stains.

On . . . at 11:42 a.m., observation revealed the handle for the door on the microwave was broken and missing.

On at approximately 11:54 a.m., the facility Manager said they had a leak in the ceiling in the past but it had been repaired. She confirmed the ceiling was in disrepair and added, "Someone is coming to fix it." In addition, the Manager confirmed the dining table chairs were soiled with multiple stains stains and confirmed the microwave needed repair.

Class III

** Pictures on file**

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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 and staff interview, the facility failed to ensure initial employment was recorded on the facility roster within 10 days of employment as required for 1 (Staff C) of 3 staff sampled. Employees not on the roster could enable ineligible persons to continue to have access to residents.

The findings included:

On . . . ., record review revealed a date of hire for Resident Assistant Staff C was . . . . . Review of the employee roster on . . . . revealed Staff C was added to the employee roster on , 184 days after hire.

On . . . . ., in a telephone interview, the facility Manager acknowledged Staff C was not rcorded on the employee roster within 10 days of employment as required by regulation.

Unclassified