

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/10/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967664	(X3) DATE SURVEY COMPLETED 05/21/2019
NAME OF PROVIDER OR SUPPLIER NORCRIST HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 542 NW 8TH STREET MIAMI, FL 33136	

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

0000 - Initial Comments

A Biennial Survey and a Limited Nursing Services Monitoring Survey were conducted at Norcrist Home, Inc. on Deficiencies were identified at the time of the survey.

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52(), 58A-5.019(1) FAC

Based on record review and interview the administrator who supervised more than one facility failed to appoint in writing a separate manager for each facility.

Findings included:

Review of the health finder database revealed that the administrator also supervised another facility. The facility failed to . . . in writing a separate manager for each facility.

On at 11:02 AM Staff C stated that she will be the administrator at Norcrist if the facility continues to be open but she has to request a copy of the GED to do the change of administrator and that she passed her CORE in 1995. They are waiting for the person that bought the building to let them know if they can continue to rent the assisted living facility at least for 6 months.

Class III

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

Based on record review and interview the facility failed to ensure that staff provide evidence of a negative statement on an annual basis for three out of nine sampled Staff (B, E and F). The facility failed to ensure that within 30 days of hired, staff submit a one time statement from a healthcare provider that staff is free of communicable for one out of nine sampled staff (D).

Findings included:

Review of the employee records revealed Staff B's statement dated ; Staff E and F on Staff D had been hired on and did not have a freedom from communicable statement.

On at 12:10 PM Staff B stated, "A few of us need the , but since we do not know if we are closing or not."

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On at 1:23 PM Staff B stated, "Staff D will go." Class III 0081 - Training - Staff In-Service - 58A-5.0191() FAC Based on record review and interview the facility failed to provide a pre-service of at least 2 hours to newly hired staff (D) prior to interacting with residents. The facility also failed to ensure that a Staff (D) who prepare or serve food, who have not taken the assisted living facility core training received a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. Findings included: On at 12:00 PM observed Staff D helping serve food to the residents. Review of Staff D's employee record revealed that she was hired on There was no pre-service orientation or safe food handling training documentation. On at 12:50 PM the Administrator stated, "We did not know about the pre-service. We will call the dietitian." Class III 0082 - Training - / - 58A-5.0191(4) FAC Based on record review and interview the facility failed to provide evidence that a staff completed a one-time education course on and within 30 days of employment for one out of nine sampled staff (F). Findings included: Review of the employee records revealed that Staff F was hired on Staff F did not have the and training documentation. On at 1:56 PM the Administrator stated, "I cannot find it." Class III		

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0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC Based on record review and interview the Administrator who serves as representative payee for any resident failed to file a surety bond with the agency in an amount equal to twice the average monthly payment. Findings included: On at 9:55 AM the Administrator stated that she is the payee for Residents # 1, # 2, # 7, # 6, # 3 and # 8. Record review revealed Resident # 1, # 2, # 3, # 6 and # 8 pay \$771.00; Resident # 7 pays \$ 1133.00. The facility got a surety bond for \$6000.00 from to . The facility needed \$9976.00. On at 10:35 AM the administrator stated, "I will increase it." Class III L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC Based on record review and interview the facility who has limited mental health component failed to ensure that one out of nine sampled staff (B) completed a minimum of 3 hours of continuing education every 2 years related to limited mental health. Findings included: Review of the employee records revealed that Staff B had the last three hours of limited mental health training on . On at 12:25 PM Staff B stated, "I am waiting to see if we will continue open." Class III		

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

Based on record review and interview the facility failed to keep the employment status of all employees up-to-date within the background screening's clearinghouse.

Findings included:

Review of the clearinghouse database revealed Staff G had an end date as of And Staff I was listed as employed of the facility.

On at 11:00 AM Staff C stated that she was supposed to remove Staff I who had a 2 months ago and by mistake she removed Staff G.

Unclassified