STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932380	06/07/2019
NAME OF PROVIDER OR SUPPLIER **FOUNDATIONAL HEALTH ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **10591 BAY PINES BLVD** **SAINT PETERSBURG, FL 33708**	

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

0000 - Initial Comments

A change of ownership survey with limited mental health services (LMH) was conducted at Foundational Health ALF on . Deficiencies were identified at the time of the survey.

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

Based on record review and interview, one of two staff sampled (B) did not have a written statement from a health care provider verifying freedom from signs or symptoms of communicable .

Findings included:

Personnel file review during the survey found that although Staff B (hired) had a current ( ) statement from , further review of the record revealed no statement from a health care provider (physician; physician's assistant; advanced registered nurse practitioner) attesting to this individual's freed from other communicable based on an examination conducted within the last 6 months. Interview with the administrator at 1:40pm on provided no clarification for this oversight.

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview, two of two staff sampled (A; B) who had been employed at least 30 days had not received all required training.

Findings included:

Personnel file review during the inspection indicated that neither Staff A nor B had received a) the 3 hour training in providing residents assistance with activities of daily living and resident behavior/needs and b) Staff B did not have documented evidence verifying she had been given an in-service training regarding the facility's elopement policies and procedures. Interview with the administrator at 11:30am on provided no explanation for these omissions.

Class III

0090 - Training - - 58A-5.0191(11) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932380	**06/07/2019**
NAME OF PROVIDER OR SUPPLIER **FOUNDATIONAL HEALTH ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **10591 BAY PINES BLVD SAINT PETERSBURG, FL 33708**	

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

Based on record review and interview, one of two staff sampled (B) who had been employed at least 30 days had not received the one hour of training in the facility's policies and procedures regarding ( ).

Findings included:

A personnel record review during the survey revealed that Staff B, hired , had no official documentation verifying receipt of any -related training with respect to the facility's policies and procedures. During an interview with Staff B at 12:45pm on , it became evident that she was uncertain what the facility's policy was regarding . Interview with the administrator at 2:30pm on provided no clarification.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility had not submitted its emergency management plan for review and approval after it had experienced a significant change.

Findings included:

Review of the facility's latest emergency management plan approval during the inspection found a document that indicated it would expire . Interview with the administrator at 11:15am on verified that he had installed a permanent generator subsequent to this expiration date, representing a significant change to the facility's make-up. However, there was no documented evidence that any new emergency plan had been submitted for review and approval. Interview with the administrator at 11:20am on provided no explanation for this discrepancy.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on record review and interview, one of one staff sampled (A) who had been employed at least 6 months had not obtained the 6 hours of training provided by or approved by the Dept. of Children and Families.

Findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932380	**06/07/2019**
NAME OF PROVIDER OR SUPPLIER **FOUNDATIONAL HEALTH ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **10591 BAY PINES BLVD** **SAINT PETERSBURG, FL 33708**	

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

Personnel file review during the survey found that the administrator had been employed at the facility since . Interview with the administrator at 11:35am on verified that although he had not been the administrator this entire time, and had initially been a caregiver, further review of his record found no documentation of having received the 6 hours of limited mental health (LMH) training. This was validated during the same interview noted above, and no clear reason was provided for not having it.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview, the Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , was not available for inspection regarding two of two staff sampled (A; B).

Findings included:

Personnel file review during the survey found that neither Staff A nor Staff B, hired and , respectively, had a signed Attestation of Compliance with Background Screening Requirements maintained in their employment record. Interview with the administrator at 11:20am on provided no clarification for this oversight.

Unclassified