

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968855	(X3) DATE SURVEY COMPLETED 04/16/2019
NAME OF PROVIDER OR SUPPLIER THE SPRINGS AT SOUTH BISCAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 6235 HOFFMAN ST NORTH PORT, FL 34287	

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

0000 - Initial Comments

An unannounced biennial and extended congregate care survey was conducted through at The Springs at South Biscayne, an assisted living facility in North Port, 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 have documentation of a written statement from a health care provider of being free from communicable (Staff F) and evidence of an annual negative () statement (Staff C) for 2 of 5 staff sampled. This has the potential for spread of a communicable

The findings included:

1. On record review revealed Resident Assistant () Staff F was hired on There was no statement from a health care provider Staff F was free from communicable

2. On record review revealed the last documented evidence of freedom from statement for Licensed Practical Nurse (LPN) Staff C was on

On at 12:13 p.m., the Executive Director confirmed the absence of a current annual freedom of statement for LPN Staff C and provider statement of being free from communicable for Staff F.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to to have a 3-day emergency food supply of nonperishable food, based on the number of weekly meals the facility has with residents to be on at all times.

The findings included:

1. During observation of emergency dry food storage on at 2:20 p.m., with the facility Chef, there

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/19/2019
FORM APPROVED

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were 22 items of non-perishable food that had expired . 2. During an interview with the facility Administrator on . at 3:00 p.m., she reported she was unaware the emergency food items had expired. 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 ensure all staff had a background screening after a 90 day break in service for 1 (Staff D) of 5 staff reviewed.

The findings included:

Record review for Staff D revealed a hire date of 11/6/18 as a resident assistant. The Agency for Health Care Administration screening clearing house indicated Staff D was eligible to work on Staff D's work history indicated she had not worked in a job that required a background screening since

On at 12:13 p.m., the Business Office Manager and Executive Director confirmed Staff D had been in contact with residents and were not aware Staff D needed to be re-screened.

Unclassified