STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953250	**03/05/2019**
NAME OF PROVIDER OR SUPPLIER **HOMESTEAD RETIREMENT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1117 MASSACHUSETTS AVENUE** **SAINT CLOUD, FL 34769**	

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

0000 - Initial Comments

A Complaint investigation #2019001246 was conducted on . . . . . Homestead Retirement license #245 had deficiencies at the time of the visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observations and interviews the facility failed to honor the resident's right to be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.

Findings:

Observations during the facility tour on at 10:15 AM noted the first floor common bathroom, and the third floor common bathrooms (2) did not have toilet paper or paper towels.

A resident was asked to see her room because she had cleaned up. Observations of the bathroom in # noted there was no toilet paper or paper towels. The resident said "OH yeah you have to get it from the office". The roommate woke up, and said she had to use the bathroom and headed to the bathroom, then she said "Oh I have to go get paper at the office".

In an interview with the housekeeper who said there was toilet paper available, but it was not put in the bathroom because the residents misused it, took it to trade for cigarettes and that sort of thing.

Observations at 11 AM noted a sign posted by the dining room that read that coffee was provided but creamer was not provided. If you like creamer "feel free to buy your own"

At 1:30 PM a resident came in to the office and asked if he could get toilet paper.

In an interview with the supervisor on at 11:30 AM who confirm the findings.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on staff schedule review and interview the facility failed to maintain the minimum staff hours per

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953250	**03/05/2019**
NAME OF PROVIDER OR SUPPLIER **HOMESTEAD RETIREMENT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1117 MASSACHUSETTS AVENUE SAINT CLOUD, FL 34769**	

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

week and failed to maintain a written work schedule that reflected its 24-hour staffing pattern for a given time period.

Findings:

During the facility entrance the supervisor said the census was 38 residents. Based on a census of 38 residents, the facility needed 335 staff hours weekly.

Review of the to staff schedule revealed the schedule listed staff E, who the supervisor stated he last worked on 2//21 and took an extended leave to care for a family member. The administrator was also listed as working Monday to Friday from 9 AM to 5 PM, although he was not present, as he is also the administrator at a facility in Putman County and did not come to the facility daily.

For the week of to the facility had, according to the written schedule, 200 staff hours.

The schedule for the week of to was identical to the prior week. It listed staff E who was on extended leave and also the administrator.

The supervisor said on . . . at 1 PM, she could not understand how they were short hours, because she has been working double shifts.

Class III

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

Based on observations, facility records review and interviews the facility failed to ensure: 1. Regular and therapeutic menus are served, with substitutions noted before or when the meal was served, and kept on file in the facility for 6 months. 2. Therapeutic diets were prepared and served as ordered by the health care provider, 3. Regular and therapeutic menus to be used by the facility were reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian.

Findings:

Observations of the menu posted and dated for the week of to listed the lunch as: meatloaf, mashed potatoes, broccoli, ice cream and sugar free ice cream. The lunch served was pork loin, mixed

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953250	03/05/2019
NAME OF PROVIDER OR SUPPLIER **HOMESTEAD RETIREMENT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1117 MASSACHUSETTS AVENUE** **SAINT CLOUD, FL 34769**	

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

vegetables and baked potatoes. The residents were given water to drink.
According to the menu the residents were to be served fruit juice for a snack. For a bedtime snack it would be yogurt or milk and cookies. The menu was reviewed by a nutritionist on .

Observations of the facility food supply noted there was no, milk, fresh or canned fruit, lettuce tomatoes, no sugar free syrup, no apple sauce, no vegetables, waffles, hot dogs, turkey , sweet potatoes, all foods that were needed to prepare the menus used for the week on to . There were cuts, frozen foods that included: chicken nuggets, fish sticks and French fries and a pack of cookies.

In an interview with the cook who said he changed the menu because the foods were not available, there was no ground meat, broccoli, no juice or milk. He said he does the best he can to substitute food for the same nutritional value. The groceries were not brought.

The facility supervisor identified 8 residents as being ; 1 was on .

Resident record review for resident #5 revealed a health assessment report 1823 dated that listed diagnosis of type 2 and 1800 American Association diet was needed.

Resident record review for resident # 7 revealed a health assessment report 1823 dated that indicated diagnosis of type 2 and a diet was needed.

The supervisor said on at 3:30 PM that she would talk with the owner about the dietary concerns.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations and interview, the facility failed to provide and maintain a home-like and decent environment in which to provide safe care for the residents.

Findings:

Observations on at 10:30 AM of the second floor noted the toilet on the second floor common bathroom, had no toilet seat. The sound of water was overheard. Observation noted the other bathroom had water running down the door frame. The floor was wet, there was a puddle of water on the bathroom floor. The door was warped and wet. The wall to the left of the bathroom had peeling plaster/paint.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953250	03/05/2019
NAME OF PROVIDER OR SUPPLIER **HOMESTEAD RETIREMENT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1117 MASSACHUSETTS AVENUE** **SAINT CLOUD, FL 34769**	

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

Continued observations noted a black sofa, in the common area on the second floor had a ripped cushion and the white filling came out.

The supervisor said on at 2:20 PM there was no water in the kitchen, he tried to fix it, but could not.

Observations on at 2:25 PM noted no water coming out when the water faucet was turned on. The cook confirm the findings.

The supervisor said on at 10:45 AM that the facility was aware of the roof problem on the second floor and the owner had a repair man to come and fix the issue.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and interviews the facility failed to: 1. Maintain a copy of its approved emergency power plan (EPP), 2. Install functioning monoxide detectors, 3. Develop policies and procedures that addressed the use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration and 4. Notification within 5 business days, notify each resident and the resident's legal representative upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval.

Findings:

During review of the facility's EPP review the supervisor provided an e-mail that indicated the EPP was submitted the local emergency management agency review and approval on . Another e-mail dated indicated awaiting approval.

Review of the policies and procedures revealed the policy did not address the use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration (like).

The supervisor said on at 2 PM that the facility did not have monoxide detectors installed and she did not notify each resident and/or their legal representative upon submission of the plan to the local emergency management agency because she was not aware of the requirement.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953250	**03/05/2019**
NAME OF PROVIDER OR SUPPLIER **HOMESTEAD RETIREMENT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1117 MASSACHUSETTS AVENUE SAINT CLOUD, FL 34769**	

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

Class III

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

Based on record review and interview the facility failed to maintain the employment status of all employees within the Background Screening (BGS) clearinghouse.

Findings:

Review of the Agency's BGS roster listed 4 individuals as current employees who no longer were employed by the facility:

Staff A, who the supervisor said that he no longer worked at the facility, since because he stole money from her. In addition, staff B, C and D no longer worked at the facility.

Staff E who worked the and at times the shift last worked on and took leave to care for a sick family member was not listed on the roster. The BGS website indicated he was eligible as of .

In an interview with the supervisor on at 10 AM who said she had updated the BGS roster and could not understand why the names keep showing up as current employees.

Unclassified

Z821 - Reporting Requirements; Electronic Submission - 59A-35.110 FAC

Based on incident report review and interview, the facility failed to file adverse incident report when law enforcement was called to investigate a theft.

Findings

Review of the and staff schedules revealed the schedule listed staff A, who per supervisor, quit on after the police was called to report a theft of $300.00 from her purse. She called the police. He had $300.00 in his pocket.

She said on at 10 AM that she did not file adverse report.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953250	**03/05/2019**
NAME OF PROVIDER OR SUPPLIER **HOMESTEAD RETIREMENT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1117 MASSACHUSETTS AVENUE** **SAINT CLOUD, FL 34769**	

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

Unclassified