

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/24/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967611	(X3) DATE SURVEY COMPLETED 08/14/2019
NAME OF PROVIDER OR SUPPLIER FARRINGTON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1970 FARRINGTON DRIVE MERRITT ISLAND, FL 32952	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) monitoring visit was conducted at Farrington House Assisted Living Facility on Deficiencies were identified at the time of the visit.

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

Based on personnel record reviews and interview, the facility failed to ensure that 1 of 3 sampled staff (C) received the required in-service training as described in 58A-5.0191() FAC.

Findings:

On at 9:20 a.m. the administrator identified nurse C as the facility's Extended Congregate Care registered nurse.

At 9:36 a.m. review of the facility's employee background roster revealed nurse C was hired on

Nurse C's personnel record did not contain documented evidence to indicate she received a minimum of 1-hour in-service training within 30 days of employment that covered reporting adverse incidents, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation and recognizing and reporting resident, neglect, and, as required.

At 11:15 a.m. the administrator confirmed the findings.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure 1 of 3 direct care staff (C) received at least one hour of training in the facility's policy and procedures regarding () that included information in Rule 58A-5.0186, F.A.C.

Findings:

On at 9:20 a.m. the administrator identified nurse C as the facility's Extended Congregate Care registered nurse.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967611	(X3) DATE SURVEY COMPLETED 08/14/2019
NAME OF PROVIDER OR SUPPLIER FARRINGTON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1970 FARRINGTON DRIVE MERRITT ISLAND, FL 32952	

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

At 9:36 a.m. review of the facility's employee background roster revealed nurse C was hired on

Nurse C's personnel record did not contain documented evidence to indicate she received at least one hour of training in the facility's policy and procedures regarding within 30 days after employment, as required.

At 11:15 a.m. the administrator confirmed the finding.

Class III

E210 - ECC - Training - 58A-5.0191(8) FAC

Based on personnel record reviews and interview, the facility failed to ensure 1 of 3 direct care staff (C) completed at least 2 hours of in-service training within 6 months of beginning employment in the facility that addressed Extended Congregate Care (ECC) concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility.

Findings:

The facility holds a specialty ECC license.

On at 9:20 a.m. the administrator identified nurse C as the facility's Extended Congregate Care registered nurse.

At 9:36 a.m. review of the facility's employee background roster revealed nurse C was hired on

Nurse C's personnel record did not contain documented evidence to indicate she completed at least 2 hours of in-service training that addressed ECC, as required.

At 11:15 a.m. the administrator confirmed the finding.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on personnel record reviews, review of the Agency's background screening website, review of the facility's background roster, and interview, the facility failed to maintain the current eligibility results of a background screening in the personnel record for 1 of 3 staff (C) who was in a role that required a

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/24/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967611	(X3) DATE SURVEY COMPLETED 08/14/2019
NAME OF PROVIDER OR SUPPLIER FARRINGTON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1970 FARRINGTON DRIVE MERRITT ISLAND, FL 32952	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
background screening. Findings: On at 9:20 a.m. the administrator identified nurse C as the facility's Extended Congregate Care registered nurse. At 9:36 a.m. review of the facility's employee background roster revealed nurse C was hired on Nurse C's personnel record contained an eligible background screening, dated however, review of the Agency's background screening website at 9:33 a.m. revealed her current eligible screening was dated, the results of which should be in her record. At 11:10 a.m. the administrator confirmed the findings. Photographic evidence obtained. Unclassified Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3) Based on personnel record reviews and interview, the facility failed to ensure 1 of 3 sampled staff (C) completed An Attestation of Compliance with Background Screening Requirements. Findings: On at 9:20 a.m. the administrator identified nurse C as the facility's Extended Congregate Care registered nurse. At 9:36 a.m. review of the facility's employee background roster revealed nurse C was hired on Nurse C's personnel record did not contain an attestation of compliance with background screening requirements. At 11:10 a.m. the administrator confirmed the findings. Unclassified		