STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910149	07/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Amer Home	1918 Barrington Drive, W. Clearwater, FL 33763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey with limited nursing services (LNS) was conducted on

The Amer Home, assisted Living Facility had deficiencies cited during the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record reviews and interviews, the facility failed to ensure that all direct care staff had completed all required in-service training within 30 days of hire for 2 (Staff A and B) of 3 staff members sampled for full employee review.

Findings include:

Interview with the administrator on at approximately 1:15pm revealed that Staff A was hired in 2008. At approximately 1:35pm, the administrator stated that Staff B had started officially working at the facility on

Review of Staff A's and Staff B's employee records revealed no documentation of elopement response training. Further review of Staff B's employee records revealed that she also did not have documentation of training in emergency preparedness/evacuation and safe food handling.
Interview with the administrator on at approximately 12:55pm revealed that she did not know where she put the paperwork for elopement. She also indicated that she did not think she gave the other training to Staff B.

Class III

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

Based on record review and interview, the facility failed to ensure that all staff had completed training within 30 days of hire for 1 (Staff B) of 3 staff members sampled for full employee review.

Findings include:

Interview with the administrator on at approximately 1:35pm revealed that Staff B started officially working at the facility on
Review of Staff B's employee records revealed that she did not have documentation of training.
In the interview with the administrator on at approximately 1:30pm, she acknowledged that the training needed to be done.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Amer Home
1918 Barrington Drive, W.
Clearwater, FL 33763

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on . 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
For Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com