STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968060	03/21/2016
NAME OF PROVIDER OR SUPPLIER **EASTSIDE ACTIVE LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1600 TAFT STREET** **HOLLYWOOD, FL 33020**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR# 2015013092 , was conducted on / at Eastside Active Living. The facility had deficiencies at the time of the investigation.

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure that all direct care staff members received the required in-service trainings within 30 days of employment, for 1 out of 5 sampled employees' records reviewed (Staff D) .

The Findings Include:

A personnel record review conducted on / revealed that Staff D, with a hire date of lacked documentation indicating the employee received the required in-service trainings covering :
a) Major/Adverse Incidents and Emergency procedures
b) Elopement
c) Resident Rights
d) Recognizing/Reporting , Neglect and
e) ADL and Behavioral Needs
In addition her file contained a job description, detailing her duties as a direct care staff to include assisting residents with their activities of daily living.

A review of the facility's weekly schedule for - reveals that Staff D works Mondays, Tuesdays, Thursday and Fridays from 3 PM -11 PM and Saturday from 7 AM- 3 PM.

In an interview conducted on / at 2:00 PM with the Administrator she reviewed the file and acknowledged the findings.

Class III

0082 Training - /

Based on record review and interview, it was determined that the facility failed to ensure that all staff members had received the required / (/) training, for 1 out of 5 sampled staff records reviewed (Staff D) .

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

The findings include:

A personnel record review conducted on / revealed that Staff D, with a hire date of , lacked documentation indicating completion of the required (/) training . In addition her file contained a job description , detailing her duties as a direct care staff to include assisting residents with their activities of daily living.

A review of the facility's weekly schedule for - reveals that Staff D works Mondays, Tuesdays, Thursday and Fridays from 3 PM -11 PM and Saturday from 7 AM- 3 PM.

In an interview conducted on / at 2:00 PM with the Administrator she reviewed the file and acknowledged the findings.

Class III

0090 Training -

Based on record review and interview, it was determined that the facility failed to ensure that all staff members had received 1 hour of training on the facility's policy and procedures regarding ( ), for 1 out of 5 sampled staff records reviewed (Staff D) .

The findings include:

A personnel record review conducted on / revealed that Staff D, with a hire date of , lacked documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding within 30 days of employment. In addition her file contained a job description , detailing her duties as a direct care staff to include assisting residents with their activities of daily living.

A review of the facility's weekly schedule for - reveals that Staff D works Mondays, Tuesdays, Thursday and Fridays from 3 PM -11 PM and Saturday from 7 AM- 3 PM.

In an interview conducted on / at 2:00 PM with the Administrator she reviewed the file and acknowledged the findings.

Class

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968060	03/21/2016
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Z816 Background Screening-Compliance Attestation

Based on record review, observation, and interview, the facility failed to ensure that a new Level II Background Screening was obtained every 5 years as required in 1 of 5 staff (Staff C) records reviewed , and that a new Level II Background Screening was obtained as required on new employees that were unemployed for more than 90 days in 1 of 5 staff (Staff A) records reviewed.

The findings include:

a) A personnel record review conducted on / revealed that Staff C, with a hire date of contained an AHCA Background screening result dated / . On / a search was conducted on the AHCA background screening website which revealed the following: Staff C "a new screening is required".

In an interview conducted on / at 11:45 AM, Staff C states that she has been employed since in her duties; she passes medications, and assists the resident with their activities of daily living. In observations conducted on /16 from 10:00 AM - 2:00 PM Staff C was observed, assisting residents with various activities of daily living.

b) A record review of Staff A ' s personnel file revealed that her date of hire was and her last Level II Background Screening was completed on / . Her employment application reveals her last employment was as a housekeeper for a hotel from 2014- / .

In an interview conducted with Staff A on / at 12:51 PM, she stated that she did not work for a licensed agency from until she started working at this facility, that her previous employer was a hotel.

On / a search was conducted on the AHCA background screening website revealed a background screen dated / .

In an interview conducted on / at 2:00 PM with the Administrator she reviewed the files and confirmed the findings.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Eastside Active Living
1600 Taft Street
Hollywood, FL 33020

RE: CCR #2015013092

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 representative. Should you have any questions please call this office at 561 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/
Enclosure
XG90

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