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| STATEMENT OF DEFICIENCIES                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11911178</b>                        | (X3) DATE SURVEY COMPLETED<br><br><b>04/07/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HOBE SOUND MANOR</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9555 S.E. FEDERAL HIGHWAY<br/>HOBE SOUND, FL 33455</b> |                                                     |

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

**0000 - Initial Comments**

A complaint investigation, CCR# 2017000180, was conducted on \_\_\_\_\_ at Hobe Sound Manor, License #7401. The facility had deficiencies at the time of the survey.

**0083 - Training - First Aid and \_\_\_\_\_ - 58A-5.0191(4) FAC**

Based on record review and staff interview, the facility failed to ensure a staff member who has completed courses in First Aid and \_\_\_\_\_ and holds a currently valid card documenting completion of such courses was in the facility at all times. Four (4) of 5 staff, whose records were reviewed, did not hold a currently valid First Aid certification (Staff A, B, C, and D); and 1 of 5 did not have a currently valid \_\_\_\_\_ (\_\_\_\_\_) certification card (Staff D).

The findings include:

On \_\_\_\_\_, during employee record review for Staff A and D, the First Aid cards contained within these employee files had expired in \_\_\_\_\_, of 2017. Staff D's \_\_\_\_\_ certification card had also expired \_\_\_\_\_, 2017.

The employee files for Staff B and C did not contain any documentation of completion of First Aid course.

Staff A and D are Certified Nurse's Aides who work the day shift (7:00 AM - 3 PM). At the time of the survey, Staff A was out of the country on leave. Staff B and Staff C are Certified Nurse's Aides who work both 3:00 PM - 11:00 PM and 11:00 PM - 7:00 AM shifts.

On \_\_\_\_\_ at 3:30 PM, a request was made to the Administrator for documentation showing current First Aid certification for Staff A, B, C, and D; and current \_\_\_\_\_ certification for Staff D. The facility provided no documentation showing Staff A, B, C, and D held currently valid certification.

During interview conducted on \_\_\_\_\_ at 3:45 PM with Staff C, she confirmed she did not have current First Aid training, but did have a valid \_\_\_\_\_ certification card which expired \_\_\_\_\_, 2018. However, during the interview, Staff C was unable to explain when it would be appropriate to use \_\_\_\_\_ on a resident. When Staff C was asked what she would do if she found a resident unresponsive, this staff stated, "If I found someone, I would call 911 and call the administrator; then, I would leave to get their paper ready." When asked what she would do if the resident wasn't breathing, she stated, "I could change their position, maybe try to sit them up." When asked when it would be appropriate to perform \_\_\_\_\_, the CNA stated, "If the resident was choking."

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| <p>On at 3:55 PM. the Administrator was informed of Staff C's inability to appropriately describe when it would be appropriate for the use of . The Administrator acknowledged the need for further training for Staff C.</p> <p>Class III</p> <p><b>0091 - Training - Documentation &amp; Monitoring - 58A-5.0191(12) FAC</b></p> <p>Based on record review and staff interview, the facility failed to include the regulatory required documentation pertaining to employee training certificates for 2 of 3 employees (Staff B and Staff C).</p> <p>The findings include:</p> <p>On , during review of in-service trainings for Staff B, and Staff C, the following certificates did not contain the regulatory required documentation:</p> <ol style="list-style-type: none"> <li>1) The number of training hours was not noted on Control Certificate for Staff B and Staff C</li> <li>2) The number of training hours was not noted on Certificate for Staff B and Staff C</li> <li>3) The number of training hours was not noted on Training for Staff C</li> <li>4) There was no certificate containing the regulatory required information for Policy and Procedure Training for Staff B and Staff C</li> <li>5) The Nutritional and Safe Food Handling Certificate for Staff B was not signed by Trainer, dated, nor contained the number of training hours for Staff B.</li> </ol> <p>The Administrator acknowledged the missing documentation on Staff B and Staff C's training certificates on at 4:00 PM.</p> <p>Class</p> <p><b>0160 - Records - Facility - 58A-5.024(1) FAC</b></p> <p>Based on facility record review and staff interview, the facility failed to maintain a current, accurate admission and discharge log.</p> <p>The findings include:</p> <p>A review was completed of the facility's Admission &amp; Discharge log on . The facility's log did not contain an accurate accounting of residents formerly discharged, or of resident's currently residing at the facility, at the time of this survey.</p> <ol style="list-style-type: none"> <li>1) The Admission &amp; Discharge log did not have a discharge date, location or reason for discharge</li> </ol> |                                                                                                    |                                                     |

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| <p>documented Residents #1 - #12, even though these residents were no longer residing in the facility.<br/> 2) Residents #13 and #14 had a discharge location and reason for discharge, but no discharge date.<br/> 3) Residents #15 - #23 were listed on the current resident census, but were not listed on the Admission &amp; Discharge Log as new admissions.</p> <p>On _____ at 3:55 PM. the Administrator acknowledged the Admission &amp; Discharge Log was not current/accurate as of the date of the complaint survey.</p> <p>Class _____</p> <p><b>Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS</b></p> <p>Based on record review and interviews, the center failed to maintain employment status records within the Care Provider Background Screening Clearinghouse as required, for 4 of 4 sampled Staff (A, B, C and D).</p> <p>The findings included:</p> <p>On _____, a review of the facility's Clearinghouse Employee Roster and Personnel records revealed the following concerns:</p> <ol style="list-style-type: none"> <li>1. Staff A was hired on _____, but she was not listed on the facility's Clearinghouse Employee Roster. Her employment status information was not entered in the Clearinghouse records within 10 days of hire.</li> <li>2. Staff B was hired on _____, but she was not listed on the facility's Clearinghouse Employee Roster. Her employment status information was not entered in the Clearinghouse records within 10 days of hire.</li> <li>3. Staff C was hired on _____, but she was not listed on the facility's Clearinghouse Employee Roster. Her employment status information was not entered in the Clearinghouse records within 10 days of hire.</li> <li>4. Staff D was hired on _____, but she was not listed on the facility's Clearinghouse Employee Roster. Her employment status information was not entered in the Clearinghouse records within 10 days of hire.</li> </ol> <p>These concerns were discussed with the Administrator on _____. She confirmed the above staff members provided direct care and services to the residents, but she stated she knew nothing about the Clearinghouse Employee Roster. She stated all personnel records are handled by the Human Resource Office of the affiliated skilled nursing facility.</p> |                                                                                                    |                                                     |

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| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                    |                                                        |
| Unclassified                                                                                            |                                                                                                    |                                                        |