

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911178	(X3) DATE SURVEY COMPLETED 07/12/2017
NAME OF PROVIDER OR SUPPLIER HOBE SOUND MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 9555 S.E. FEDERAL HIGHWAY HOBE SOUND, FL 33455	

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

0000 - Initial Comments

A unannounced Relicensure survey was conducted on at Hobe Sound Manor, License #7401.
The facility had deficiencies at the time of the visit.

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

Based on interview and record review it was determined the facility failed to maintain documentation that all facility staff received in-service training regarding the facility's elopement response policies and procedures within 30 days of employment and that each staff member received a copy of the facility's resident elopement response policies and procedures for 2 of 3 sampled direct care staff (Staff A and Staff B).

In addition, based on interview and record review it was determined the facility failed to maintain documentation that each staff member that prepares or serves food, who have not taken the facility core training, received a minimum of 1 hour in-service training within 30 days of employment in Nutrition and Safe Food Handling for 1 of 3 sampled direct care staff that assist with serving food (Staff A).

The findings included:

1) During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:55 AM, she was provided the opportunity to locate documentation that the following direct care staff had received in-service training regarding the facility's elopement response policies and procedures:

- a) Staff A (direct care staff with a date of hire noted as): a training certificate, dated , was located which was entitled " Care: Wandering" that had a test attached that covered the types of wandering behaviors
- b) Staff B (direct care staff with a date of hire noted as): a training certificate, dated , was located which was entitled " Care: Wandering" that had a test attached that covered the types of wandering behaviors

The Administrator acknowledged the documentation for Staff A and Staff B did not indicate they had received training specifically regarding the facility's elopement response policies and procedures nor did it reflect these staff members had received a copy of the facility's elopement response policies and procedures.

2) During interview and personnel record review conducted with the Administrator, on

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beginning at approximately 11:55 AM, she was provided the opportunity to locate documentation for Staff A (direct care staff with a date of hire noted as) that she had received 1 hour of in-service training in Nutrition and Safe Food Handling. She was able to locate a training certificate entitled "Food Safety in Residential Care" that did not indicate the number of hours of training provided for this staff member. Class III 0090 - Training - - 58A-5.0191(11) FAC Based on interview and record review it was determined the facility failed to maintain documentation that each direct care staff had received at least 1 hour of training in the facility's policy and procedures regarding within 30 days after employment and consist of the information included in Rule 59A-5.0186, F.A.C. for 1 of 3 sampled direct care staff (Staff A). The findings included: During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:55 AM, she was provided the opportunity to locate documentation that indicated Staff A (direct care staff with a date of hire noted as) had received at least 1 hour of training in the facility's policy and procedures regarding () within 30 days after employment. The Administrator acknowledged that the training certificate, dated , did not include the training hours provided to this direct care staff in this subject matter. Class III 0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC Based on observation, interview, and record review it was determined the facility failed to maintain documentation of a job description and provide a copy of that job description to each staff member pursuant to Rule 58A-5.019, F.A.C. for 1 of 4 sampled staff (Staff C). The findings included: Observation of Staff C (date of hire noted as), conducted on from 8:30 AM - 2:30 PM, she was observed to provide assistance with the self-administration of medications for the residents of this facility. She was also observed to assist with administrative duties such as answering the telephone and interacting with residents, families, and visitors.		

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During interview and personnel record review conducted with the Administrator, on beginning at approximately 12:50 PM, she acknowledged that Staff C provides assistance with the self-administration of medications for the residents of this facility and that she also acts in the capacity of an administrative assistant to the Administrator. The Administrator was provided the opportunity to locate any and all job descriptions for Staff C in her personnel file. She acknowledged that no job descriptions were located in Staff C's personnel file. The Administrator contacted Human Resources, at this time, and then informed this surveyor that the facility does not have a job description for a "Med Tech" (an individual who provides assistance with the self-administration of medications) or for an administrative assistant job description. She stated Human Resources will have to develop those job descriptions. The Administrator stated she was not aware of the requirement to have job descriptions on file for each staff member. Class III		