STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911035	**02/06/2019**
NAME OF PROVIDER OR SUPPLIER **ST ANNE'S RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **11855 QUAIL ROOST DRIVE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A standard biennial survey was conducted on . . . . . and concluded on . . . . . St. Anne's Residence with Extended Congregate Care component had deficiencies identified at the time of the survey:

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to have written statements from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . for 4 out of 12 (Staff B, C, D, and H) sampled staff.

Findings as follow:

Record review showed the facility did not have written statements from a health care provider documenting that the individual does not have any signs or symptoms of communicable for Staff B, C, D, and H.

On . . . . . at 1:00 PM the Administrator stated she believed the statements were in staff records documenting freedom from communicable as the required.

Class III

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

Based on record review and interview the facility failed to train 1 out of 12 (Staff J) staff before interacting with residents in at least, 2 hours of pre-service orientation covering resident's rights; and the facility's license type and services offered.

Findings as follow:

Staff record review showed the facility failed to have documentation of the orientation training covering residents rights and the facility's license type and services offered for Staff J, hired on .

On at 1:30 PM the Administrator acknowledged the orientation training given to Staff J did not cover residents rights and facility license documentation.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interview the facility failed to have 4 out of 6 (Staff B, C, E and F) Staff trained in a one-time education course on and , including the topics prescribed in the section 381.0035, F.S.

Findings as follow:

Staff record review showed the facility failed to have documentation of the / training for Staff B, C, E and F.

On at 10:39 AM the nurse supervisor stated believed the control training covered the topic.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to have an accurate health assessment for one out of 10 sampled residents (#1). The facility also failed to have documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one out of 10 sampled residents (#5).

Findings included:

1) Review of Resident #1's record revealed the last health assessment was completed on and stated that the resident requires supervision with his activities of daily living and medication administration; it did not reflect that he was under hospice services.

On at 11:01 AM Staff B stated, "He is total and I give him the medications in the ."

On at 9:15 AM Staff B brought the new health assessment dated .

2) Review of Resident #5's record revealed that her daughter had signed her contract and there was no documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney.

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

On [redacted] at 11:10 AM Staff B stated Resident # 5's daughter had the power of attorney documentation at home and that she would bring it to the facility.

Class III