STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968838	**03/05/2019**
NAME OF PROVIDER OR SUPPLIER **A QUAINT MEADOW**	STREET ADDRESS, CITY, STATE, ZIP CODE **39 OHIO RD** **LAKE WORTH, FL 33467**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on [redacted] at A Quaint Meadow, License #12681. The facility had deficiencies identified at the time of the survey.

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

Based on record review and interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff A) who provides direct care to residents had received the required 1-hour in-service training within 30 days of employment.

The findings include:

A review of personnel file for Staff A hired on , who provides direct care to residents, revealed there was no documentation of Incident reporting training 1 - hour.

During interview with the Administrator, on at 4:35 PM the findings were discussed and acknowledged. No further information was provided for review.

Class III

0086 - Training - ADRD - 58A-5.0191(10) FAC

Based on employee record review and staff interview, the facility failed to ensure 2 of 2 whose records were reviewed, had the required and Related (ADRD) Training and /or annual 4 hours of continuing education required (Administrator & Staff A).

The findings include:

1) The Administrator whose hire date was , did not complete the 's training Level I 4 hours of initial training within 3 months of hire. The Administrator also did not complete 's training Level II additional 4 hours training within 9 months of hire.

2) Staff A whose hire date was , did not complete the 's training Level I 4 hours of initial training within 3 months of hire. Staff A also did not complete 's training Level II additional 4 hours training within 9 months of hire.

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The facility advertises special care to residents with 's or related (ADRD).

On at 2:00 PM, the Administrator stated that she advertises for 's but she does not have a unit. She stated she does have patients with . She stated that she just stated it because she wanted the public to know that she accepts patients with . The Administrator stated that she did not know that she needed to complete the training. The Administrator acknowledged the aforementioned. No additional information was provided.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on observation, record review and staff interview, the facility failed to provide a current Comprehensive Emergency Management Preparedness Plan (CEMP) approved by the local Emergency Management Division annually.

The findings included:

During an interview with the Administrator on at 10:55 AM, the Administrator provided the surveyor with a letter from the Division of Emergency Management. The letter is dated , . The CEMP is now approved until , . The Administrator stated that she missed the 60 days prior to expiration deadline for the CEMP. The Administrator stated that she delivered her plan to the Division of Emergency Management on , and she has not received a response as of yet.

At 11:12 AM the surveyor spoke with a representative from the Division of Emergency Management. She stated that the CEMP is due for renewal and it expired . There have been 2 rejections, one dated and the other .

The Administrator confirmed the findings, no further documentation provided.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review, observation, and interview, the facility failed to receive an approved plan, maintain the minimum amount of fuel onsite required for the operation of the alternate power source, the maintenance of a monoxide alarm and failed to notify each resident/resident representative in

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writing of the emergency plan.

The findings included:

During an interview with the Administrator, on at 10:49 AM, she stated that she does not have an approval letter from the Division of Emergency Management. The Administrator stated that she submitted a permanent waiver request to the state agency on , . She received a response dated , , . She stated that she did not provide everything that they required and there was still some pending information that she needs to provide. She stated that she has called the state agency on , . She stated that they are requesting an executed copy of the Electrical Contractor Document. She stated that she will have to pay the electrician $2000 to write up this document regarding the generator and she just does not have it. The Administrator stated that she does not have gas onsite. She stated that she has one monoxide detector that has not been opened. The Administrator stated that she has not sent out notification to the residents regarding the emergency plan.

During an interview with the Administrator, on at 4:35 PM, she confirmed the findings. No additional information was provided.

Class III