

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11968855</b>	(X3) DATE SURVEY COMPLETED  <b>04/16/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>THE SPRINGS AT SOUTH BISCAYNE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6235 HOFFMAN ST NORTH PORT, FL 34287</b>	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p><b>0000 - Initial Comments</b></p> <p>An unannounced biennial and extended congregate care survey was conducted . . . . . through . . . . . at The Springs at South Biscayne, an assisted living facility in North Port, Florida.</p> <p>The following is description of the deficiencies.</p> <p><b>0078 - Staffing Standards - Staff - 58A-5.019(2) FAC</b></p> <p>Based on record review and staff interview, the facility failed to have documentation of a written statement from a health care provider of being free from communicable . . . . . (Staff F) and evidence of an annual negative ( ) statement (Staff C) for 2 of 5 staff sampled. This has the potential for spread of a communicable . . . . .</p> <p>The findings included:</p> <p>1. On . . . . . record review revealed Resident Assistant ( ) Staff F was hired on . . . . . There was no statement from a health care provider Staff F was free from communicable . . . . .</p> <p>2. On . . . . . record review revealed the last documented evidence of freedom from . . . . . statement for Licensed Practical Nurse (LPN) Staff C was on . . . . .</p> <p>On . . . . . at 12:13 p.m., the Executive Director confirmed the absence of a current annual freedom of . . . . . statement for LPN Staff C and provider statement of being free from communicable . . . . . for Staff F.</p> <p>Class III</p>		
<p><b>0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC</b></p> <p>Based on observation and interview, the facility failed to to have a 3-day emergency food supply of nonperishable food, based on the number of weekly meals the facility has . . . . . with residents to be on . . . . . at all times.</p> <p>The findings included:</p> <p>1. During observation of emergency dry food storage on . . . . . at 2:20 p.m., with the facility Chef, there</p>		

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<p>were 22 items of non-perishable food that had expired .</p> <p>2. During an interview with the facility Administrator on . at 3:00 p.m., she reported she was unaware the emergency food items had expired.</p> <p>Class III</p>		

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**Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS**

Based on record review and interview, the facility failed to ensure all staff had a background screening after a 90 day break in service for 1 (Staff D) of 5 staff reviewed.

The findings included:

Record review for Staff D revealed a hire date of 11/6/18 as a resident assistant. The Agency for Health Care Administration screening clearing house indicated Staff D was eligible to work on ... Staff D's work history indicated she had not worked in a job that required a background screening since ...

On ... at 12:13 p.m., the Business Office Manager and Executive Director confirmed Staff D had been in contact with residents and were not aware Staff D needed to be re-screened.

Unclassified