Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942829	A. BUILDING: _____ B. WING _____	12/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INN AT LAKE SEMINOLE SQUARE (THE)	8355 SEMINOLE BLVD. SEMINOLE, FL 33772

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A biennial survey in conjunction with a complaint investigation (complaint numbers 2020018073) was conducted at The Inn at Lake Seminole Square on . The facility had deficiencies at the time of the survey.	A 000		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section	A 161		

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A 161	Continued From page 1 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity . . . . . to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on records review and interview, the facility failed to maintain personnel records, for each staff member, which contain documentation of compliance with all training requirements and documentation verifying freedom from signs or symptoms of communicable . . . . . and/or . . ( ) for 3 of 3 staff members whose records were reviewed (Staff A, Staff B and Staff C). Findings Included: A review of Staff A's records on revealed that Staff A was a resident aide and was hired on . Staff A was on the schedule to work the	A 161		

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A 161	Continued From page 2 week of . Staff A's record was missing any documentation stating that she was free of communicable and missing an annual update of a health provider's statement that she did not have signs or symptoms of . Training certificates documenting the required pre-service orientation, or required training for control, activities of daily living and behavioral needs, reporting major and adverse incidents, facility emergency procedures, resident rights and , nutrition and safe food handling, , , , , (/) and ( ) were all missing from Staff A's record. A review of Staff C's records on revealed that Staff C was a licensed nurse and provided care to residents. Staff C was hired on . Staff C was on the schedule to work the week of . Training certificates documenting the required pre-service orientation, or required training for control, activities of daily living and behavioral needs, reporting major and adverse incidents, facility emergency procedures, nutrition and safe food handling, and , , (/) were all missing from Staff C's record. A review of Staff D's records on revealed that Staff D was a resident aide and was hired on . Staff D was on the schedule to work the week of . Staff D's record was missing any documentation stating that she was free of communicable and missing an annual update of a health provider's statement that she did not have signs or symptoms of . Training certificates documenting the required pre-service orientation or required training for activities of	A 161		

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A 161	Continued From page 3 daily living and behavioral needs, nutrition and safe food handling and ( ) were all missing from Staff D's record. An interview with the Human Resources Director was conducted at 3:00pm on . He stated that the facility was under another management company previously and changed to the present management company on . Since that time, the facility had found it difficult to obtain all of the staff member's training certificates that were done online by the previous management company. As for any staff member (Staff D) hired since , there was no explanation offered for the missing documentation. The Human Resources Director stated that the facility planned to retrain the staff and produce new training certificates that met with AHCA requirements. Class III	A 161		