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
	AL11969630	A. BUILDING: _____ B. WING _____	R 03/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEAGRASS VILLAGE OF PORT ORANGE	3875 YORKTOWNE BLVD PORT ORANGE, FL 32129

(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 revisit to a re-licensure survey and complaint investigation was conducted at Seagrass Village of Port Orange on , . The facility had deficiencies at the time of the visit.	{A 000}		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) . . . . . / . . . . . (. . / . . .). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview with the Administrator, the facility failed to ensure that 1 of 4 employees reviewed, Employee D, received training in . . . . . , / , , , (/ . .) within 30 days of employment. The findings include: Record review for Employee D, hired . . . . . , found no evidence of training in / . The findings were confirmed during an interview with the Administrator on . . . . . at 10:00 AM. She stated Employee D did have the 2-hour	A 082		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 082	Continued From page 1 orientation and the full day orientation and provided documentation. A review of the 2-hour certificate and the full day orientation checklist found / was not part of the training. Photographic evidence obtained. Class III	A 082		