

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969905	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 03/25/2025
NAME OF PROVIDER OR SUPPLIER BENTON HOUSE OF OVIEDO			STREET ADDRESS, CITY, STATE, ZIP CODE 1915 W COUNTY RD 419 CHULUOTA, FL 32766		
(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 Complaint Investigation #2024016632 was conducted at The Addison of Oviedo Assisted Living Facility & Memory Care with Limited Nursing Services (LNS) on The facility had deficiencies remained uncorrected at the time of the survey visit.	{A 000}			
{A 083} SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND (). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American . . . Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on personnel record review and interview, the facility failed to ensure staff had a valid First Aid and ()	{A 083}			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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{A 083}	Continued From page 1 certification and must be in the facility at all times staff for 3 of 4 sampled caregivers (G, J, Q) must be completed in person by an approved trainer that requires the students to demonstrate First Aid and . Findings: 1. Med Tech G's personnel record review revealed date of hire . She completed the . training expires . and there was no documentation that the First Aid certification training was completed as required. 2. Caregiver J's personnel record review revealed date of hire . He works a set schedule on the overnight shift 11PM-7AM and there was no First Aid certification and certification training completed in his file. He was missing both. 3. Caregiver Q's personnel record review revealed date of hire . She completed First Aid training expires . and there was no documentation for the . certification training in the file. On . at 4:45 PM, an interview with both the Administrator and Business Office Manager confirmed the findings. The Administrator further stated that all staff should have both First Aid & certification training by the deadline (next week). (Photographic Evidence Obtained) Class III	{A 083}			