

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910204	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER VILLAS AT LAKESIDE OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1059 VIRGINIA STREET DUNEDIN, FL 34698		
(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 Assisted Living Facility An extended congregate care (ECC) monitoring visit was conducted on The Villas at Lakeside Oaks assisted living facility had deficiencies found at the time of the visit.	A 000			
AE203	58A-5.030(4) FAC ECC - Staffing Requirements (4) STAFFING REQUIREMENTS. Each extended congregate care program shall: (a) Specify a staff member to serve as the extended congregate care supervisor if the administrator does not perform this function. If the administrator supervises more than one facility, he/she shall appoint a separate ECC supervisor for each facility holding an extended congregate care license. 1. The extended congregate care supervisor shall be responsible for the general supervision of the day-to-day management of an ECC program and ECC resident service planning. 2. The administrator of a facility with an extended congregate care license and the ECC supervisor, if separate from the administrator, must have a minimum of two years of managerial, nursing, social work, therapeutic recreation, or counseling experience in a residential, long term care, or acute care setting or agency serving elderly or persons. A baccalaureate degree may be substituted for one year of the required experience. A nursing home administrator licensed under Chapter 468, F.S., shall be considered qualified under this paragraph. (b) Provide, as staff or by contract, the services of a nurse who shall be available to provide nursing services as needed by ECC residents, participate in the development of resident service plans, and	AE203			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6809

XEVX11

If continuation sheet 1 of 5

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AE203	Continued From page 1 perform monthly nursing assessments. (c) Provide enough qualified staff to meet the needs of ECC residents in accordance with Rule 58A 5.019, F.A.C., and the amount and type of services established in each resident's service plan. (d) Regardless of the number of ECC residents, awake staff shall be provided to meet resident scheduled and unscheduled night needs. (e) In accordance with agency procedures established in Rule 58A-5.019, F.A.C., the agency shall require facilities to immediately provide additional or more qualified staff, when the agency determines that service plans are not being followed or that residents' needs are not being met because of the lack of sufficient or adequately trained staff. (f) Ensure and document that staff receive extended congregate care training as required under Rule 58A 5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that it maintained a current contract for nursing services for potential Extended Care Congregate (ECC) residents. Findings include: A record review of the facility's license revealed that it maintained an Extended Care Congregate (ECC) license. During an interview conducted on _____ at approximately 2:25 p.m. with the Administrator, he confirmed that he was unable to provide any written documentation that would indicate the facility had a contract with an individual or agency for the provision of nursing services for potential	AE203		

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AE203	Continued From page 2 ECC residents. CLASS III -----	AE203			
AE210	58A-5.0191(7) FAC ECC - Training Staff Training Requirements and Competency Test. (7) EXTENDED CONGREGATE CARE TRAINING. (a) The administrator and extended congregate care supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility's receiving its extended congregate care license or within 3 months of beginning employment in the facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to _____, 1998, shall not be required to take the assisted living facility core training competency test. (b) The administrator and the extended congregate care supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, _____, or social needs of frail elderly and _____ persons, or persons with _____s _____ or related _____. (c) All direct care staff providing care to residents in an extended congregate care program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must	AE210			

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AE210	Continued From page 3 address extended congregate care concepts and requirements, including statutory and rule requirements, and delivery of personal care and supportive services in an extended congregate care facility. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the Extended Congregate Care (ECC) supervisor had completed an initial training of 4 hours in ECC within 3 months of appointment to the position. Findings include: A record review of the facility's license revealed that it maintained an Extended Care Congregate (ECC) license. During an interview conducted on 11/15/12 at 2:25 p.m. with the Administrator, he stated that currently, (Staff member A) was appointed ECC supervisor for the ALF facility and that this appointment had occurred in 2012. He stated that Staff member A did not have Core training as to his knowledge, nor did she have ECC training. The Administrator also stated that Staff member A was a nurse over in the Nursing home building. Both buildings are owned by the same company; the staffs at the Nursing Home are not interchanged with the ALF staff. A review of Staff member A's personnel file revealed no job description or letter of appointment that would identify that she had any responsibility for the ECC in the ALF. The Administrator admitted that he was currently in the process of replacing Staff member A with	AE210			

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AE210	Continued From page 4 Staff member B as the ECC supervisor. Staff member B was to receive ECC training in the end of _____, 2012. CLASS III -----	AE210			



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Villas at Lakeside Oaks
1059 Virginia Street
Dunedin, FL 34698

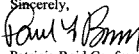
Dear Administrator:

This letter reports the findings of an extended congregate care (ECC) monitoring visit that was conducted on
, 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call
Paul Brown, HFES, at 727-552-2000.

Sincerely,

Fa Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

