STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911245	02/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Residence Retirement Ctr., Inc (the)	208 Marveline Drive Lakeland, FL 33815	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey with limited mental health (LMH) services was conducted on , in conjunction with a complaint survey, CCR# 2013012478.

The Residence Retirement Center, assisted living facility, had deficiencies at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review, the facility failed to ensure that all staff who provide direct care services to residents received required trainings in control, providing assistance with activities of daily living and behavioral needs, ..., elopement response, emergency preparation & evacuation training.

Findings include:

AHCA Surveyor conducted a review of Employee records of 5 facility staff who provide direct care to residents on beginning at approximately 10:00am.

There was no evidence in employee files of participation in required training as follows:

1. 4 (Staff A, B, D, & E) of 5 records contained no evidence of training in control

2. 5 (Staff A, B, C, D, & E) of 5 records contained no evidence of training in providing assistance with activities of daily living and behavioral needs training

3. 3 (Staff A, C, & D) of 5 records contained no evidence of training

4. 5 (Staff A, B, C, D, & E) of 5 records contained no evidence of elopement response training

5. 5 (Staff A, B, C, D, & E) of 5 records contained no evidence of training in emergency preparation & evacuation training.

All 5 staff reviewed have been facility employees for much longer than the 30 days in which the above training is required. Employment start dates of Staff A through E are as follows: / ; ; ; / ; and

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Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review, the facility failed to ensure that all staff who have direct contact with mental health residents in a licensed limited mental health facility have received a minimum of 3 hours of continuing education biennially in subjects dealing with mental health diagnoses or treatment.

Findings include:

AHCA Surveyor conducted a review of Employee files on / beginning at approximately 10:00am. Three of 5 employee files reviewed did not contain evidence of a minimum of 3 hours of continuing education biennially in subjects dealing with mental health diagnoses or treatment.

Record review of staff B's personnel file revealed that Staff B was hired on and completed 8 hours of Limited Mental Health training on . Staff B was due for 3 hours of additional training by . There was no evidence of continuing education in the employee ' s training records as of .

Record review of staff C's personnel file revealed that Staff C was hired on and completed Limited Mental Health training on and a 2-hour update . There was no evidence of staff C participating in a minimum of 3 hours of continuing education biennially in subjects dealing with mental health diagnoses or treatment.

Record review of staff E's personnel file revealed that Staff E was hired on and completed 8 hours of Limited Mental Health training on . Staff B was due for 3 hours of additional training by . There was no evidence of continuing education in the employee ' s training records as of .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Residence Retirement Ctr., Inc (The)
208 Marveline Drive
Lakeland, FL 33815

Dear Administrator:

Re: Biennial & **CCR# 2013012478**

This letter reports the findings of a biennial state licensure survey with limited mental health (LMH) and a complaint survey that were conducted on , 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms