STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911229	02/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Winter Park Towers	1111 S. Lakemont Avenue Winter Park, FL 32792	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0082-Training - 58A-5.0191(3) FAC
Based on record review and interview the facility failed to ensure 4 of 7 sampled staff (A, B, C, and D) completed a 2 hour one-time education course on and that included the topics prescribed in the Section 381.0035, F.S., within 30 days of employment.

Findings:
Review of personnel files revealed the following staff did not have documentation they had completed a 2 hour course on within 30 days of employment:

Staff A, hired on - had 1 hour of training on
Staff B, hired on - had 1 hour of training on
Staff C, hired on - had 1 hour of training on
Staff D, hired on - had no documentation of training.

In an interview with the administrator on at approximately 4 PM who stated the above training was not in the staff's personnel file. He was given an opportunity to submit the required training certificates and they were not received.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and interview the facility failed to ensure 1 of 2 sampled staff (C), who assisted with self-administration of medications, received the required annual 4 hour training in providing assistance with medications and safe medication practices in an assisted living facility before assisting with medications.

Findings:
Review of personnel files for staff that assisted with self-administration of medications revealed:
Staff C, completed the 2 hours of medication training on and 2 hours on , in providing assistance with medications and safe medication practices in an assisted living facility (ALF). There was no documentation to review that indicated she had completed the initial 4 hours of training.

In an interview with the nurse manager on at approximately 3:30 PM who stated the staff did not have a certificate for the initial training.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911229	02/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Winter Park Towers	1111 S. Lakemont Avenue Winter Park, FL 32792	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0090-Training - 58A-5.0191(11) FAC
Based on record review and interview the facility failed to ensure currently employed direct care staff received at least one hour of training in the facility's policies and procedures regarding within 30 days of employment for 2 of 7 sampled staff (A and B).

Findings:

Review of personnel files revealed there was no documentation to indicate staff A, hired on and Staff B, hired on who provided direct care, had training within 30 days of employment.

In an interview with the administrator on at approximately 4 PM who stated he was unable to locate the certificates. He was given an opportunity to submit them and the required certificates were not received.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and interview the facility failed to ensure copies of certificates for any training required by rule was documented in the facility's personnel files for 2 of 7 sampled staff (A & B).

Findings:

Review of personnel files and the employee in-service attendance record revealed the staff had the following training. However there were no certificates and the number of hours for the training was not indicated on the training record.

Staff A, hired on
Elopement Training - had no hours documented.

Staff B, hired on
Elopement Search Drill Report had no hours documented.

Staff D, hired on
training did not have the hours documented.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911229	02/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Winter Park Towers	1111 S. Lakemont Avenue Winter Park, FL 32792	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In an interview with the administrator on [redacted] at approximately 4 PM who stated he was unable to locate the training certificates. He was given an opportunity to submit the certificates and the required certificates were not received.

Class [redacted]

E210-ECC - Training 58A-5.0191(7) FAC
Based on record review and interview the facility failed to ensure 1 of 7 sampled direct care staff (C) who provided care to residents in an extended congregate care program completed 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.

Findings:

Review of personnel files revealed Staff C (caregiver) with date of hire [redacted] did not have documentation of completion of 2 hours of ECC training within 6 months of employment that was provided by the facility administrator or the ECC supervisor (due [redacted]

Interview with the administrator on [redacted] at approximately 4 PM who stated he was unable to locate the certificate. He was given an opportunity to submit the certificate and the required certificate was not received.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Winter Park Towers
1111 S. Lakemont Avenue
Winter Park, FL 32792

Dear Administrator:

Re: ECC monitoring

This letter reports the findings of a state licensure survey that was conducted on . 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) 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 after . **2014,** 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 Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998