STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911245	04/03/2014
NAME OF PROVIDER OR SUPPLIER **Residence Retirement Ctr., Inc (the)**	STREET ADDRESS, CITY, STATE, ZIP CODE **208 Marveline Drive Lakeland, FL 33815**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:

0081-Training - Staff In-Service-58a-5.0191(2) Fac
L243-Lmh - Training-58a-5.0191(8) Fac

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A revisit survey was conducted on 4/03/14 to the biennial state licensure survey with limited mental health (LMH) of ___ ___ . This revisit was in conjunction with a revisit to CCR#2013012478, and a revisit to CCR# 2013011209 and CCR# 2013011489.

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

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

Based on record review and interview, the facility failed to ensure that 5 of 9 staff whose personnel files were reviewed and who provide direct care services to residents received required trainings in providing assistance with activities of daily living and behavioral needs, elopement response, and emergency preparation & evacuation training. (Staff A, C, D, E, I)

Findings include:

A review of Employee records was conducted on . 5 of 9 facility staff who provide direct care to residents had not received the following training within 30 days of hire:

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

1. 4 of 9 records contained no evidence of training in providing assistance with activities of daily living and behavioral needs training (Staff A, C, D, E)

2. 5 of 9 records contained no evidence of elopement response training (Staff A, C, D, E and I)

3. 4 of 9 records contained no evidence of training in emergency preparation & evacuation training. (Staff A, C, D, E)

Staff A date of hire: . . . /. _

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NAME OF PROVIDER OR SUPPLIER **Residence Retirement Ctr., Inc (the)**	STREET ADDRESS, CITY, STATE, ZIP CODE **208 Marveline Drive Lakeland, FL 33815**	
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Staff C date of hire:

Staff D date of hire:

Staff E date of hire:

Staff I date of hire:

Interview with the Administrator on revealed that she has just not had time to schedule this training yet. The Administrator later advised the surveyor that training is scheduled for all staff for , and .

Class III

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

Based on record review and interview, the facility failed to ensure that 2 of 9 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.

Record review of staff C's personnel file revealed that she was hired on . 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 he was hired on . There was no evidence of 3 hours of continuing education in the employee ' s training records.

Interview with the Administrator on at approximately 2:00 P.M. revealed that she has scheduled training for .

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: 3 Revisits

This letter reports the findings of three state licensure survey revisits that were conducted on 3, 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 corrected and the uncorrected deficiencies 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,

Paul M Brown

FOV Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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