STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966353	04/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villas At Sunset Bay	7423 Kauai Loop New Port Richey, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey with extended congregate care (ECC) was conducted on .

The Villas at Sunset Bay, assisted living facility, had deficiencies at the time of the visit.

0090-Training - 58A-5.0191(11) FAC

Based on interview, observation and review of 3 of 4 personnel files and computerized forms related to training, the facility failed to ensure that staff received required training related to ( ).

Findings include:

A review of personnel files revealed that the facility could not provide evidence that Staff B, C and D had received 1 hour of training in the facility's policies and procedures regarding .

Staff B was hired on . Staff C was hired on . Staff D was hired on .

An interview with Staff E revealed that he did not know what a was and could not recall having received training in the subject of .

An interview with the Administrator revealed that the facility conducts all training on line through SILVERCHAIR Learning Systems and she was not aware that training in was not offered to staff. She could not ensure that any staff currently employed by the facility had received the training.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on interview, observation and review of 3 of 4 personnel files and computerized forms related to training, the facility failed to ensure that staff received required training.

Findings include:

The personnel files reviewed did not contain the following information:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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1. The title of the training program;
2. The subject matter of the training program;
3. The training program agenda;
4. The number of hours of the training program;
5. The trainee's name, dates of participation, and location of the training program;
6. The training provider's name, dated signature and credentials, and professional license number, if applicable.
(b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule.

An interview with the Administrator revealed that the facility conducts all training on line and she was not aware that evidence of training was not maintained in personnel files.

She could not ensure that all staff currently employed by the facility had received all of the required training, based on the lack of documentation in files.

Class III

E210-ECC - Training 58A-5.0191(7) FAC

Based on interview, observation and review of personnel files and computerized forms related to training, the facility, who maintains an ECC license, failed to ensure that staff received required ECC training (16 of 59 employees).

Findings include:

A review of personnel files revealed no evidence of documentation of training in ECC and many other areas where training is required.

Interview with the ECC Supervisor revealed that the last time the facility provided ECC training to their staff was in 2013. Therefore, all staff hired after 2013 and prior to 2013 (6 months prior to date of survey have not received training as required below:

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 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.

The facility has 5 residents who are currently receiving ECC services. The ECC Supervisor, has has been trained in ECC, oversees the ECC nurses and ECC residents.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Villas at Sunset Bay
7423 Kauai Loop
New Port Richey, FL 34653

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care (ECC) 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 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,

Patricia Reid Caufman
FOR Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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