STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963791	05/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Weinberg Village	13005 Community Campus Dr. Tampa, FL 33625	
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 - 0082 - 58a-5.0191(3) Fac - Training - / S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An extended congregate care (ECC) monitoring visit was conducted on .

The Weinberg Village, assisted living facility, had deficiencies at the time of the visit.

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

Based on interview, observation and record review, the facility failed to ensure that 1 of 3 staff whose personnel files were reviewed and who provide direct care to residents, had received the required in-service training.

A review of the personnel record for Staff A revealed the training listed below had not been received. Staff A was hired on and is a Certified Nursing Assistant who provides direct resident care..

- control, including universal precautions
-reporting major incident
-reporting adverse incidents.
-facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
-resident rights in an assisted living facility.
-recognizing and reporting resident , neglect, and
-resident elopement response policies and procedures

Interview with the Director of Nurses on at approximately 3:30 P.M. revealed that the employee was responsible for completing the training on line and within 30 days of employment, but obviously had not done so.

Class III

0082-Training - / 58A-5.0191(3) FAC

Based on interview, observation and record review, the facility failed to ensure that 1 of 3 staff whose personnel files were reviewed and who provide direct care to residents, had received required training.

A review of the personnel record for Staff A, who is a Certified Nursing Assistant and who was hired on , revealed that she had not received training in:

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The Director of Nurses was interviewed on at approximately 3:30 P.M. and revealed that she was unable to produce documented evidence that the employee had completed the training. She stated that the employee was responsible for completing the training on-line and within 30 days of employment, but obviously had not done so.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Weinberg Village
13005 Community Campus Dr.
Tampa, FL 33625

Dear Administrator:

This letter reports the findings of an extended congregate care (ECC) monitoring visit 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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