STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922298	07/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Family Traditions Iii	**352 Lake Road Venice, FL 34293**	
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= B
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= B
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= B

Specific Tag Findings: This is the result of a Biennial survey conducted on at Family Traditions, an Assisted Living Facility (ALF) in Venice, FL.

The following deficiencies were identified at the time of the survey.

0090-Training - 58A-5.0191(11) FAC
Based on record review and interview, the facility's Administrator failed to receive at least one hour of training in the facility's policies and procedures regarding within 60 days after the effective date of this rule. Furthermore based on record review and interview 1 (Staff C) out of 3 sampled staff failed to obtain at least one hour of training in the facility's policies and procedures regarding within 30 days of employment.

The findings include:

Record review for Staff A (Administrator hired found no documentation of at least one hour of training in the facility's policies and procedures regarding

When surveyor asked the Administrator on at 11:40 a.m., if she had the training she said, "Yes is that the same as I think I have it, but maybe I lost it."

Record review for caregiver/Staff C revealed that she was hired Further review revealed that the administrator provided training to Staff C on without having proof of been educated herself prior to providing training to staff C.

Class

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation and interview, the facility failed to obtain 3 day emergency food supply in relation to emergency milk and emergency water supply for the residents.

The findings include:

Observation during tour conducted on at 8:25 a.m., revealed that there was no canned or dry milk in the cabinet were the emergency food supply was kept. Furthermore, there was no emergency water supply on premises. Census in the facility at time of survey was 5 residents. Regulatory requirement for milk is 16 oz. per resident/ per day. Regulatory requirement for water is 3 gallons per day/ per resident.

The Administrator acknowledged at time of observation on 7/2/4 8:25 a.m., that indeed facility lacked emergency milk and water. She stated, "I was planning on buying. I know we need them it's the hurricane season."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922298	07/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Family Traditions Iii	352 Lake Road Venice, FL 34293	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, the facility failed to provide a clean and safe environment for all residents.

The findings include:

Observation during tour conducted on [redacted] at 8:15 a.m., revealed the following issues:
1. Black residue (mold looking) at the tub in the residents [redacted]
2. Six tiles were missing, close to bath tub, under the shower head.
3. A tile was missing at the [redacted]
4. Peeling paint at [redacted] and hallway towards the living [redacted]

Tghe Administrator stated during observation on [redacted] at 8:20 a.m., they are in process to replace all tiles missing and to repaint the door and hallway.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on record review and interview, the facility failed to obtain an employment application with references for 2 (Staff A and B) out of 3 sampled staff.

The findings include:

Record review for Staff A (Administrator) and Staff B (Caregiver) found no employment application with references.

Administrator stated on [redacted] at 11:01 a.m., "I bought the facility [redacted] 2006 and probably thin out my record or lost my application. She also stated that "Staff B is new has been here less than a month, I did not have time to fill out her application."

Class [redacted]

0167-Resident Contracts 58A-5.025 FAC
Based on a review and staff interview, the facility failed to obtain a complete contract with all components needed for 2 (Residents #1 and #2) out of 2 sampled residents.

The findings include:

Record review of contract for Residents #1 and #2 found that the following was missing from the facility's contract.

a. A provision that residents must be assessed upon admission, and every 3 years thereafter, or after a significant change.
b. The facility's policies and procedures related to a properly executed [redacted]

An interview was conducted with the Administrator on [redacted] at 1:42 p.m. She stated she modified the contract in the past. She though the information was included.

Class [redacted]

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Family Traditions III
352 Lake Road
Venice, FL 34293

Dear Administrator:

This letter reports the findings of a Biennial survey that was conducted on , 2014 by a representative 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 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

for:
Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

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