STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963720	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Place At Vero Beach	3855 Indian River Blvd Vero Beach, FL 32960	
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

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR#2014005596, was conducted on , 2014 at The Place At Vero Beach. The facility had a deficiency found at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and an interview, the facility failed to ensure that 1 out of 5 sampled staff (Staff #5) who provide direct care to residents, other than nurses, CNAs or home health aides had received the required in-service trainings within 30 days of date of hire.

The findings include:

The personnel file for Staff #5 was reviewed for the required in-service trainings; date of hire documented as . There was no documentation of the required in-service traings dated within 30 days of date of hire. Further record review revealed this staff member was not a Certified Nursing Assistant (CNA) or Home Health Aide (HHA). It was noted Staff #5 had not received the following trainings.

1) 3 hours of in-service training within 30 days of employment in residents' behaviors and needs and providing assistance with activities of daily living (ADLs)
2) 1 hour of in-service training within 30 days of hire that included recognizing and reporting resident , neglect and
3) 1 hour of in-service training within 30 days of hire that included adverse incident reporting.

The Administrator was interviewed at approximately 3 PM on and acknowledged that the training documentation was not present and available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
The Place At Vero Beach
3855 Indian River Blvd
Vero Beach, FL 32960

RE: CCR #2014005596

Dear Administrator:

This letter reports the findings of a complaint 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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