STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910382	08/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Atria Meridian	3061 Donnelly Drive Lantana, FL 33462	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= B
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= B
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= B
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= B

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR#2014006088, was conducted on at Atria Meridian. The facility had deficiencies found at the time of the visit.

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

Based on staff interview and employee record reviews, the facility failed to provide for the required in-service trainings within 30 days of hire, for 1 of 3 direct care staff whose records were reviewed (Employee E,).

The findings include:

On during review of Employee E's in-service trainings (date of hire there was no documentation contained within the employee's record verifying the following required trainings were completed:
a) Elopement Response
b) Emergency Preparedness
c) Incident Reporting
d) Resident Rights
e) Recognizing/Reporting and Neglect

On at approximately 2:00 PM, the Community Business Director searched the employee's record for the missing documentation listed above; she acknowledged no documentation could be found within

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910382	08/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Atria Meridian	3061 Donnelly Drive Lantana, FL 33462	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

the employee's record to show Employee E completed the required trainings.

Class

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on staff interview and employee record review, the facility failed to show evidence that a staff member who has completed a course in First Aid, and holds a currently valid card documenting completion of such courses, is within the facility from 11:00 PM until 7:00 AM.

The findings include:

On , a review of the training/certification records was completed for Employees C, D, E, and F. None of the employees reviewed held a currently valid certification card in First Aid.

On at 2:30 PM, the Community Business Director was asked to provide current, valid First Aid certification for any staff covering each shift (7:00 AM - 3 :00 PM, 3:00 PM - 11:00 PM, and 11:00 PM to 7:00 AM). The CBD stated, "There is a Licensed Practical Nurse on duty from 7 :00 AM to 3:00 PM each day."At 3:00 PM, the CBD provided a copy of a valid First Aid card for Employee G, who covers the 3:00 PM - 11:00 PM shift; However, no documentation was provided verifying that any of the staff working the 11:00 PM to 7:00 AM shift currently has a valid First Aid certification.

Class

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

Based on staff interview and employee record review, the facility failed to provide at least one hour of training in the facilities policies and procedures regarding within 30 days of hire, for 1 of 3 direct care staff whose in-service training records were reviewed (Employee E) .

The findings include:

On during review of Employee E's in-service trainings (date of hire there was no

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910382	08/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Atria Meridian	3061 Donnelly Drive Lantana, FL 33462	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

documentation contained within the employee's record verifying the Training was completed.

On at approximately 2:00 PM, the Community Business Director searched the employee records for the missing documentation listed above; she acknowledged no documentation could be found within the employee's record to show Employee E completed the required training.

Class

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

Based on staff interview and employee record review, the facility failed to document staff training according to guidelines set forth in 58A-5.0191(12).

The finding include:

On , during record review of the in-service trainings for Employees C, D, E, and F, the documentation for individual staff trainings are kept in the Employee's file on a 2010 FLORIDA STATE-REQUIRED NEW HIRE TRAINING ACKNOWLEDGEMENT FORM instead of documented on individual training certificates.

During interview with the Community Business Director on at 1:45 PM, she states, "We have always used this form and no one has ever said there was a problem with it. In fact, our corporate office requires us to use this form as a checklist."
The ED and CBD were shown the Florida Administrative Code 58A-5.0191(12) which states, "(a) Except as otherwise noted, *certificates, or copies of certificates*, of any training required by this rule must be documented in the facility's personnel files ...(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." [emphasis added]

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Atria Meridian
3061 Donnelly Drive
Lantana, FL 33462

RE: CCR #2014006088

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on 2014 by representative from 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene [illegible] - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com