STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910126	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grand Villa Of Altamonte Springs	433 Orange Drive Altamonte Springs, FL 32701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0078-Staffing Standards - Staff-07/30/2014
0081-Training - Staff In-Service-07/30/2014
0090-Training - [illegible] 7/30/2014
0091-Training - Documentation & Monitoring-07/30/2014
0161-Records - Staff-07/30/2014

Revisit Repeat Tags:
0082-Training - [illegible] Fac
0086-Training - Adrd-58a-5.0191(9) Fac

Initial Comments
Revisit to the Limited Nursing Services monitoring visit on 7/30/14. Grand Villa of Altamonte Springs Assisted Living Facility had deficiencies found at the time of the visit.

0082-Training - [illegible] 58A-5.0191(3) FAC
THE FOLLOWING DEFICIENCY REMAINED UNCORRECTED:

Based on record review and interview the facility failed to ensure 1 of 3 sampled (Staff D) completed a one-time education 2 hour course on [illegible] and [illegible] that included the topics prescribed in the Section 381.0035, F.S., within 30 days of employment.

Findings:

Review of personnel files revealed staff D, who was hired on [illegible] did not have documentation a 2 hour education course on [illegible] was completed within 30 days of employment (due [illegible]. Review of the [illegible] certificate dated [illegible] revealed one hour of training was completed (needed 2 hours).

In an interview with the Business Office Manager on [illegible] at approximately 1:45 PM an opportunity was given to submit documentation of additional training. The certificate was not received and the email dated [illegible] stated the staff had one hour of the required training.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910126	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grand Villa Of Altamonte Springs	433 Orange Drive Altamonte Springs, FL 32701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0086-Training - ADRD 58A-5.0191(9) FAC

THE FOLLOWING DEFICIENCY REMAINED UNCORRECTED:

Based on record review and interview the facility failed to ensure 1 of 3 sampled direct staff (Staff D) had 4 hours of training in [redacted] and Related [redacted] (ADRD) Level I, within 3 months of hire and a 4 hour annual update in ADRD by an approved provider.

Findings:

The facility provided a secure unit to their residents.

Review of personnel files revealed for staff that had direct contact and provided direct care to residents in the memory care unit:

Staff D, the Limited Nursing Services nurse, who was hired on [redacted] did not have documentation that she had received the initial 4 hours of ADRD Level I training within 3 months of hire (due [redacted]) or the 4 hour annual ADRD update.

In an interview with the Business Office Manager on [redacted] at 1:45 PM who stated she would submit additional information regarding the staff's training. Review of the email dated [redacted] revealed staff D had 3 hours of [redacted] training on [redacted] and there was no documentation of the 4 hour annual update in 2013.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Grand Villa Of Altamonte Springs
433 Orange Drive
Altamonte Springs, FL 32701

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2014.

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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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