

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965818	(X3) DATE SURVEY COMPLETED 11/18/2014
NAME OF PROVIDER OR SUPPLIER Emeritus At Lake Mary	STREET ADDRESS, CITY, STATE, ZIP CODE 150 Middle Street Lake Mary, FL 32746	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D

Specific Tag Findings:

0000-Initial Comments

The re-licensure survey with Limited Nursing Services (LNS) was conducted on Emeritus at Lake Mary Assisted Living Facility had a deficiency found at the time of the visit.

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

Based on personnel record review and interview the facility maintained a secure area and provided special care for persons with _____ and related _____ (ADRD), failed to ensure that 2 of 5 sampled staff (_____ C) who provided direct care to persons with _____ and Related _____ (ADRD) obtained 4 hours of initial training within 3 months of employment and the additional 4 hours of training, entitled " _____ and Related _____ Level II Training," within 9 months of employment that was provided by an approved ADRD Trainer and 1 of 5 sampled staff (D) did not obtain 4 hours of continuing education annually.

Findings:

Personnel Record Review for Staff B hired _____ and Staff C hired _____ who provided care to Residents with _____ and related _____, revealed there was no documentation found in their records to confirm they had obtained 4 hours of initial training within 3 months of employment and the additional 4 hours of training, entitled " _____ and Related _____ Level II Training," within 9 months of employment.

During an interview with the administrator on _____ at approximately 4 PM, she stated she found certificates for Staff B and Staff C for the _____ training. A review of the certificates at the time revealed there was no way to determine that the training was received by an approved ADRD trainer. The facility was given the opportunity to provide evidence that the training was conducted by approved trainer via email.

The agency received an email from the facility on _____ that noted they were unable to obtain the evidence that the trainer was an approved ADRD trainer.

Staff D, the Limited Nursing Services nurse, did not have documentation that she had received the annual ADRD update. Review of the training certificate, revealed the staff's last training in ADRD was dated _____. There was no documentation to review that indicated the staff had taken the updated 4 hours of training annually.

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In an interview with the administrator on at approximately 4:45 PM who stated the above training was not in the staff's personnel file and she would ask the nurse if she had the training. The facility followed up with the nurse who did not have the training.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Emeritus At Lake Mary
150 Middle Street
Lake Mary, FL 32746

RE: Biennial w/LNS

Dear Administrator:

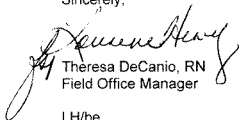
This letter reports the findings of a complaint survey completed on , 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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