STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965183	**05/15/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
REGAL PALMS	**300 LAKE AVE N.E** **LARGO, FL 33771**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey with Limited Nursing Services (LNS) was conducted on & , in conjunction with a complaint survey, CCR# 2015002415.

The Regal Palms, Assisted Living Facility, had deficiencies at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that newly hired staff submitted a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including for 3 of 3 resident care employees.

Findings Include:
Three of three employee records selected for review on contained no evidence of staff having submitted within 30 days of hire a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including .
Per record review, Staff A is a Resident Aide/Medication Technician - date of hire: -employee ' s records did not contain a statement of freedom from communicable .
Per record review, Staff B is a Resident Aide/Medication Technician - date of hire: -employee ' s records did not contain a statement of freedom from communicable .
Per record review, Staff C is a Resident Aide/Medication Technician - date of hire: -employee ' s records did not contain a statement of freedom from communicable .
Per interview with the facility Administrator, Director of Nursing, and Regional Health Services Director, all acknowledged the need for evidence of staff freedom from communicable and current testing form in use by the facility lacking the required statement.

Class III

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

Based on observation, record reviews, and interviews, the facility failed to ensure that all staff who provide direct care to residents have received all in-service trainings as required. The facility failed to ensure that all direct care staff receives a minimum of 1 hour in-service training within 30 days of employment that covers the facility ' s emergency procedures including chain-of-command and staff roles relating to emergency evacuation; in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment; and a minimum of 1 hour in-service training within 30 days of employment that covers reporting major and adverse incidents. The facility also failed to ensure that all facility staff who have not attended CORE training

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0081 Continued From page 1

receive a minimum of 3 hours of in-service training within 30 days of employment that covers resident behavior and needs and providing assistance with the activities of daily living and a minimum of 1 hour in-service training within 30 days of employment that covers Resident Rights in an assisted living facility and Recognizing and Reporting resident [illegible], neglect, and [illegible].

Findings Include:
Per observation, record reviews, and interviews conducted at the facility on [illegible] & [illegible], Staff A, Staff B, & Staff C provide direct care to residents and are not nurses, certified nursing assistants, or home health aides. Staff A is a Resident Aide/Medication Technician - date of hire: [illegible]; Staff B is a Resident Aide/Medication Technician - date of hire: [illegible]; Staff C is a Resident Aide/Medication Technician - date of hire: [illegible].
There was no evidence of required trainings in the 3 randomly selected Employee records as follows:
2 of 3 records contained no Emergency Preparedness & Evacuation training - Staff A ' s record contained a RACE Fire Emergency only dated [illegible]. Staff C 's record contained a RACE Fire Emergency only dated "10/6" and a statement dated [illegible] that read "Emergency Plan In-Service" - There was no indication of training.
2 of 3 records contained no elopement response training (Staff A & Staff C).
2 of 3 records contained no incident reporting training (Staff A & Staff C).
2 of 3 records contained no training in providing assistance with activities of daily living (Staff A & Staff C).
2 of 3 records contained no training in Residents Rights and Reporting [illegible], Neglect, or [illegible] (Staff A & Staff C). Staff C ' s record contained a "Resident's Rights/Elopement/Risk Management Quiz" dated [illegible] - There was no indication of training and no individual training certificates as required.
Per [illegible] interview with the facility Administrator, Director of Nursing, and Regional Health Services Director, all acknowledged the need for review of staff training records, provision of training as needed, and proper documentation of trainings in employee records.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Regal Palms
300 Lake Ave N.E
Largo, FL 33771

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with Limited Nursing Services (LNS) that was conducted on , 2015 by representative(s) 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(s). Should you have any questions please call **Teresa Ryan**, RNC, at (727) 552-2000.

Sincerely,

Teresa Ryan RNC
Patricia reid Kaufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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