STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953611	**05/12/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BARRINGTON (THE)	**901 SEMINOLE BOULEVARD LARGO, FL 33770**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A Biennial Licensure Survey was conducted on [redacted] through [redacted]

The Barrington, Assisted Living Facility, had a deficiency identified at the time of the visit.

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on Review and Interview the facility failed to ensure that 1 (out of 2) Administrator Designees had the 12 hour Core Continuing Education required every two years.

Findings Include:

On [redacted] at approximately 1:30 p.m., and at approximately 11:00 a.m., a Review of the Business Director/Administrator Designee personnel file revealed the Core Training was completed on [redacted]

The Core Continuing Education was completed on [redacted] and , however; all three Continuing Education trainings were 2 hours only.
The Business Director did not complete the required 12 hours of Continuing Education every 2 years.

The Business Director did conduct employee trainings and signed training certificates for 16 out of 16, new and current employees. The Business Director was not qualified to conduct the required employee trainings.

On [redacted] at approximately 2:00 p.m. an interview with the Administrator and Assisted Living Director/Administrator Designee, did confirm that the Business Director did not have the required 12 hour Continuing Education training. As of [redacted] the Business Director will not be conducting employee trainings.

The Administrator and/or the Assisted Living Director will conduct all the required employee trainings going forward.

Mandatory re-training will be conducted for 16 out of 16 employees the week of 2015 through 2015, for any training's that were conducted by the Business Director. After the required employee trainings are completed, new certificates will be issued and replaced in each employees personnel file.

Class [redacted]

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

Based on Review and Interview the facility failed to ensure the Staff In-Service Training for 16 (out of 16

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953611	**05/12/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BARRINGTON (THE)	**901 SEMINOLE BOULEVARD LARGO, FL 33770**	

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

0081 Continued From page 1

employees), required within 30 days of hire, was conducted by an Administrator or Manager with the required Core Training and the 12 hours of Core Continuing Education every 2 years.

Findings Include:

On . . . . . at approximately 1:00 p.m., a review of 3 (out of 16) employee personnel files revealed that the In-Service Training required within 30 days of hire was conducted by the Business Director. The Business Director conducted the required trainings and signed the training certificates which are located in 3 (out of 3), employee personnel files.

The Business Director completed the Core Training on , but did not complete the required 12 hours of Core Continuing Education every 2 years. The Business Director was not qualified to conduct the required employee trainings, or sign the training certificates for each In-Service Training provided to new and current employees.

On . . . . . at approximately 2:00 p.m., an interview with the Administrator and Assisted Living Director/Administrator Designee, did confirm that the Business Director did not have the required 12 hours of Core Continuing Education training every 2 years.

As of , the Business Director will not be conducting employee trainings. The Administrator and/or the Assisted Living Director will conduct all the required employee trainings going forward, and mandatory re-training will be conducted for 16 (out of 16), new and current employees for any trainings that were conducted by the Business Director. New certificates will be issued and replaced in each employees personnel file.

Class . .

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
The Barrington
901 Seminole Boulevard
Largo, FL 33770

Dear Administrator:

This letter reports the findings of a Biennial state licensure survey 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
FOR Field Office Manager

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida