STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963725	08/06/2015
NAME OF PROVIDER OR SUPPLIER **BELLA VITA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1420 EAST VENICE AVENUE** **VENICE, FL 34292**	

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

0000 Initial Comments

An unannounced Change of Ownership (CHOW) survey was conducted from 8/5 through at Bella Vita, an Assisted Living Facility (ALF) in Venice, Florida.

The following is description of the deficiencies:

0081 Training - Staff In-Service

Based on personnel records reviewed and staff interview, the facility failed to ensure 2 (Staff A and Staff C) of 4 staff records reviewed had the required training, within the time frame for their jobs.

The findings included:

1. A review of Staff C's personnel record showed she was hired on . She had training in Care Connections on showing this includes Activities of Daily Living (ADL) and resident behavior and needs. However, this training did not show it was the required 3 hours.

An interview was conducted with the Administrator on at 11:30 a.m. She stated Care Connections is a total of three hours for the training. A review of the outline for care connection also show several other topics during this training that is not associated with ADL and resident behavior and needs.

2. A review of Staff C's personnel record showed she had training in fire safety dated . However, this training did not include Emergency Preparedness and Evacuation training.

An interview was conducted with the Administrator on / at 12:30 p.m. She stated she was able to find only the fire safety training.

3. A review of Staff A's personnel record showed he was hired on / / . A review of Staff C's personnel record showed she was hired on / . These reviews showed there was no documentation Staff A and Staff C had training in Resident Rights and Incident Reporting.

An interview was conducted with the Administrator on / at 12:30 p.m. She stated she was not able to find the documentation of this training for these two staff.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963725	08/06/2015
NAME OF PROVIDER OR SUPPLIER **BELLA VITA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1420 EAST VENICE AVENUE** **VENICE, FL 34292**	

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

0090 Training -

Based on personnel records reviewed and staff interview, the facility failed to ensure 2 (Staff B and Staff C) of 4 staff records reviewed had the required training and within the time frame of their hire date.

The findings included:

1. A review of Staff B's personnel record shows she was hired on . There was no documentation she had training in the facility's policy on Order ( ).

2. A review of Staff C's personnel record showed she was hired on . There was documentation she had training in the facility's policy on . However, it did not show the date of this training. Therefore it was not determined this training was conducted within the 30 days of her hire date.

3. An interview was conducted with the Administrator on at 12:30 p.m. She reviewed these personnel records and confirmed these findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Bella Vita
1420 East Venice Avenue
Venice, FL 34292

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on , 2015 by representatives 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

sh
Enclosure: State Form

XG90

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com