STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	09/14/2015
NAME OF PROVIDER OR SUPPLIER **SPRING HAVEN RETIREMENT COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1225 HAVENDALE BLVD NW** **WINTER HAVEN, FL 33881**	

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

0000 Initial Comments

Assisted Living Facility

An unannounced Complaint survey (CCR#2015006800 & 2015008493) was conducted on .

The Spring Haven Retirement Community, Assisted Living Facility, had no deficiencies at the time of this visit specific to complaint allegations. The complaint was not substantiated, but unrelated deficiencies were found at the time of visit.

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to ensure that required training certificates are documented and complete in the facility's personnel files (Staff A, B and C) and include the required elements.

Findings include:
Per record reviews and interviews on , three of three personnel files selected for review did not contain proper documentation of required staff trainings:
Staff C was hired as a Resident Care Aide/Med Tech on . Training certificates in Staff C ' s personnel record include the following: Certificate of Completion: Assisting with Activities of Daily Living signed & dated by the Business Office Manager in space designated for Instructor Signature; no indication of number of hours of the training program, location of the training program, or training provider's name, dated signature and credentials.
Incomplete document entitled ADL Training Record dated - space designated for Instructor blank, signed only by Staff C -- no indication of number of hours of the training program or training provider's name, dated signature and credentials.
A third certificate acknowledging completion of training in ADLs was found in Staff C ' s personnel record, also dated --space designated for Supervisor Signature with illegible initials and seal stating " Course Presented by "A contracted trainer", crossed out & initialed by unknown person-no training provider's name, dated signature and credentials.
Certificate of Completion: Recognizing and Reporting Elder also dated , with illegible signature, not the same as ADL certificate, in space designated for Instructor Signature; no indication of number of hours of the training program, location of the training program, or training provider's name, dated signature and credentials, and no training program agenda to indicate training in recognizing and reporting , Neglect, & .
Incomplete document entitled Resident Rights Training Record dated - space designated for Instructor blank, signed only by Staff C -- no indication of number of hours of the training program,

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	AL11922334	09/14/2015
NAME OF PROVIDER OR SUPPLIER **SPRING HAVEN RETIREMENT COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1225 HAVENDALE BLVD NW** **WINTER HAVEN, FL 33881**	

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

location of the training program, or training provider's name, dated signature and credentials.
Incomplete document entitled Emergency Procedures & Fire Safety dated - space designated for Instructor blank, signed only by Staff C -- no indication of number of hours of the training program, location of the training program, or training provider's name, dated signature and credentials.
Document certifying Staff C has completed " training and in-service " on dated , with illegible signature-- no indication of number of hours of the training program or training provider's name, dated signature and credentials.
Certificate of Completion acknowledging completion of training in was also found in Staff C ' s personnel record, dated --space designated for Supervisor Signature with illegible initials and seal stating " a contracted trainer" - no training provider's name, dated signature and credentials.
Incomplete document entitled Incident Reporting Training Record dated - space designated for Instructor blank, signed only by Staff C -- no indication of number of hours of the training program, location of the training program, or training provider's name, dated signature and credentials.

Staff A was hired as a Resident Care Aide/Med Tech on . Training certificates in Staff A ' s personnel record include the following: Employee Training Update Checklist listing 13 trainings having all been completed on employee ' s hire date of -- Incomplete documents/certificates in personnel record, all dated -as above, no indication of number of hours of training program, location of the training program, or training provider's name, dated signature and credentials.

Staff B was hired as a Resident Care Aide/Med Tech on . Training certificates in Staff B ' s personnel record include the following: Training certificates by "A contracted trainer" -- all dated & all signed/initialed by "Supervisor" -- name illegible-incomplete documents/certificates in personnel record, all dated -as above, no indication of number of hours of training program, location of the training program, or training provider's name, dated signature and credentials. Personnel record for Staff B also includes Employee Training Update Checklist listing 14 trainings having been completed on , 8 trainings on , and 2 trainings on , inconsistent with the incomplete training documents/certificates.
Per record reviews, Certificates of Completion in use by the facility have a space designated for Supervisor Signature and seal stating " Course Presented by "A contracted trainer". Per interview with the Administrator & Assistant Administrator, the Corporation (Owner) requires facilities to use these certificates for documentation of personnel training. The certificates do not meet statutory training documentation requirements.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September [illegible], 2015

Administrator
Spring Haven Retirement Community
1225 Havendale Blvd Nw
Winter Haven, FL 33881

RE: CCR #2015006800 & 2015008493

Dear Administrator:

This letter reports the findings of two complaint surveys that was conducted on [illegible], 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than [illegible], 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/clt
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