AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964665	../../2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS OF PALM HARBOR	**2895 TAMPA ROAD PALM HARBOR, FL 34684**

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

0000 Initial Comments

Assisted Living Facility Licensure

On , 2015, a biennial survey with limited nursing services (LNS) was conducted at Arden Courts of Palm Harbor on ../../.. Deficient practice was identified at the time of the survey.

0081 Training - Staff In-Service

Based on interview and record review, the facility failed to provide proof of in-service training, required for direct care staff within 30 days of employment, for 2 (Staff B and Staff C) of 4 employee records reviewed.

Findings include:

A review of employee records was conducted on ../..

A review of Staff B ' s employee record (date of hire indicated as ../..) showed that training certificates for facility emergency procedures including chain-of command and staff roles relating to emergency evacuation and recognizing and reporting resident , neglect and was not present in the file. Staff B provides direct care to the facility ' s residents.

A review of Staff C ' s employee record (date of hire indicated as) showed that proper training certificates (including the number of hours spent in training) for control, resident behavior and needs, providing assistance with the activities of daily living, elopement response policies and procedures, facility emergency procedures including chain-of command and staff roles relating to emergency evacuation, incident reporting, resident rights in an assisted living facility, and recognizing and reporting resident , neglect, and was not present in the file. Staff C provides direct care to the facility ' s residents.

Interviews with the administrative services coordinator were conducted on ../.. and she stated that she could not provide the required training certificates for Staff B and Staff C.

Class III

0090 Training -

Based on interview and record review, the facility failed to show proof of training, required within 30 days

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SUMMARY STATEMENT OF DEFICIENCIES
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of employment, concerning the facility ' s policies and procedures regarding (_ _ _ _ _) for 3 (Staff A, Staff B, and Staff C) of 4 employee records reviewed.

Findings include:

A review of employee records was conducted on / .

A review of Staff A ' s employee record indicated a date of hire of / and showed a lack of a training certificate in _ _ .

A review of Staff B ' s employee record indicated a date of hire of / and showed a lack of a training certificate in .

A review of Staff C ' s employee record indicated a date of hire of and showed a lack of a training certificate in .

Interviews were conducted with the administrator and administrative services coordinator on / / . Both acknowledged that they were not able to find the training certificates for Staff A, Staff B, and Staff C.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Arden Courts of Palm Harbor
2895 Tampa Road
Palm Harbor, FL 34684

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. **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 , 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/kpr

Enclosure: State Form 5000-3547

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