STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911251	11/25/2015
NAME OF PROVIDER OR SUPPLIER **FLORIDA PRESBYTERIAN HMS, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **16 LAKE HUNTER DRIVE LAKELAND, FL 33803**	

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

0000 Initial Comments

Assisted Living Facility

On , 2015 a biennial licensure survey with limited nursing services (LNS) was conducted at Florida Presbyterian Homes, Inc. Deficient practice was identified during the survey.

0086 Trainina - ADRD

Based on observation, record reviews, and interviews conducted at the facility on / , the facility failed to ensure that all facility staff who provide direct care to residents with and Related (ADRD) obtain 4 hours of initial training (ADRD Level I training) within 3 months of employment and an additional 4 hours of training within 9 months of employment (Level II training).

Findings included:
AHCA Surveyor conducted a tour and staff interviews at the secure Memory Care Unit on the first floor of the Assisted Living Facility on / / beginning at 10:00am. The facility census of 33 in-house residents at the time of visit included 8 residents in the secure Memory Care Unit. Surveyor conducted a review of 3 employee files on / beginning at 10:45am. Per record reviews and interviews, 2 of 3 employee files reviewed did not contain evidence of completion of required ADRD training, as follows:
Staff A was hired as a Certified Nursing Assistant (CNA) on and provides direct personal care to residents in the Assisted Living and secure memory care unit. Per record review, Staff A completed 1 hour of ADRD training on / and 3 hours of ADRD training on / . There was no indication of Staff B completing an additional 4 hours of ADRD training (Level II) as required.
Staff B was hired as a CNA on and provides direct personal care to residents in the Assisted Living and secure memory care unit. Per record review, Staff B completed 1 hour of ADRD training on / and 3 hours of ADRD training on / . There was no indication of Staff B completing an additional 4 hours of ADRD training (Level II) as required.
Per interview with the Director of Community Life Services on / at 2:00pm and submission of additional training certificates on / / , Staff A & B need to complete the additional 4 hours of ADRD training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Florida Presbyterian Homes, Inc.
16 Lake Hunter Drive
Lakeland, FL 33803

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,

FV Patricia Reid Caufman
Field Office Manager

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

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St. Petersburg, FL 33701
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