STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967194	11/30/2015
NAME OF PROVIDER OR SUPPLIER **RESIDENCE AT PADDOCK PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **14622 PADDOCK DR** **WELLINGTON, FL 33414**	

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

0000 Initial Comments

An unannounced standard relicensure survey was conducted on 11/24/2015 and 11/30/2015 at Residence at Paddock Park. The facility had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on interview and record review, it was determined the facility failed to ensure that each resident's current health assessment (AHCA 1823 form) indicated whether the individual will require assistance with the administration of medications, for 1 of 2 sampled residents (Resident #2).

The Findings included:

Review of Resident #2's health assessment (1823 form), dated , indicated diagnoses of ; with behavioral disturbance; ; and . This form did not indicate what level of assistance this resident requires with medications. Further record review did not show aforementioned missing information.

During interview and record review conducted with the Administrator on / beginning at approximately 8:50 AM, he was asked to make a copy of Resident #2's current health assessment that was dated . He did so and provided the copy to this surveyor. The Administrator was asked why the section of this form that indicated the level of assistance required with medications was not completed. The Administrator did not provide an answer. He was asked how the facility staff knows what level of assistance with medications that this resident requires. The Administrator stated he would have this resident's physician clarify this information.

Class III

0090 Training -

Based on interview and record review, it was determined the facility failed to ensure that each direct care staff received at least 1 hour of training in the facility's policy and procedures regarding within 30 days after employment for 2 of 2 sampled direct care staff (Staff A and Staff B).

The Findings included:

During interview and personnel record review conducted with the facility's staff education trainer, on / beginning at approximately 9:40 AM, she was provided the opportunity to locate (Do

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

Not Orders) training for the following staff members:

a) Staff A with a date of hire noted as /
b) Staff B with a date of hire noted as

The facility's staff education trainer was not able to locate this required documentation. She stated she was no aware of the requirement that the facility had to train all direct care staff within 30 days of hire on the facility's policies and procedures.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Residence At Paddock Park
14622 Paddock Dr
Wellington, FL 33414

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 24 and , 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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