STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910826	12/02/2015
NAME OF PROVIDER OR SUPPLIER **DUNEDIN ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 HOWELL STREET** **DUNEDIN, FL 34698**	

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

0000 Initial Comments

Assisted Living Facility Licensure

On [redacted] 01 & 02, 2015, a change in ownership (CHOW) survey with limited mental health (LMH) was conducted in conjunction with a complaint investigation(CCR# 2015010039) at Dunedin Assist Living Facility. Deficient practice was identified during the survey.

0077 Staffing Standards - Administrators

Based on record review and interview, the facility failed to ensure that the facility is under the supervision of an administrator who has completed the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C., no later than 90 days after becoming employed as a facility administrator.

Findings included:
Per record review, the Administrator completed CORE training on [redacted]. Per interview with the Administrator on [redacted], she attended the CORE training on [redacted] and is scheduled for the CORE Competency test on [redacted] which is more than 90 days after her hire date of [redacted].

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to ensure that employee training certificates document the title of the training program, subject matter of the training program, training program agenda, number of hours of the training program, the trainee's name, dates of participation, and location of the training program, and the training provider's name, dated signature and credentials for three of three direct care staffs file reviewed.

Findings included:
Per record review and interview: Staff A was hired as a Resident Care Aide/Medication Technician on [redacted] and works with residents on both 1st & 2nd shifts and has also worked 3rd shift.
Staff B was hired as a Resident Care Aide on [redacted] and works with residents on both 1st & 2nd shifts.
Staff C was hired as a Resident Care Aide/Medication Technician on [redacted] and works with residents on both the 2nd & 3rd shifts.
Three of 3 records reviewed for training did not contain all required training certificates; rather, files included a 2-page listing of training in the following areas, and no training certificates, as follows:

TATEMENT OF EFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910826	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNEDIN ASSISTED LIVING FACILITY	**534 HOWELL STREET DUNEDIN, FL 34698**

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

1 Hour Control: Staff A test & signed list - no training certificate; Staff B signed list - no training certificate; Staff C / signed list & test - no training certificate.
3 Hours Activities of Daily Living & Behavioral Needs: Staff B signed list - no training certificate; Staff C / signed list - no training certificate.
Training: Staff A signed list & test - no training certificate; Staff B signed list - no training certificate; Staff C / - signed list & test - no training certificate.
Staff A, B, & C training lists " one hour of in-service training in reporting major incidents, adverse incidents, and facility emergency procedures including chain of command and staff roles relating to emergency evacuation. " There were no training certificates.
Staff A signature as having read elopement policy & procedures ; Staff B signature as having read elopement policy & procedures / & missing resident policy signed / ; Staff C signature as having read elopement policy & procedures / & missing resident policy signed / . There were no training certificates.
1 Hour Resident Rights, Recognizing & Reporting , Neglect, & : Staff A signed list of Rights & post-test re. dated ; Staff B signed list of Rights ; Staff C signed list of Rights / & post-test re. dated / . There were no training certificates.
Per interviews with Staff A and Staff B, they stated they have been trained in the above subjects either at this facility or other facilities where they have been employed.
On at 1:00pm, Surveyors informed the new Administrator of the required training documentation and provided a list of items requiring training certificates.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Dunedin Assisted Living Facility
534 Howell Street
Dunedin, FL 34698

RE: CHOW with LMH & **CCR# 2015010039**

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey with limited mental health (LMH) and a complaint survey that were conducted on 1-2, 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 relative to the CHOW with LMH. 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.

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
T .com/AHCA_FL
SlideShare.net/AHCAFlorida

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Teresa Ryan**, RNC, at 727-552-2000.

Sincerely,

Teresa Ryan RNC

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Forms (5000-3547)