STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968388	12/09/2015
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR AT CONNERTON COURT LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **21021 BETEL PALM LN** **LAND O LAKES, FL 34638**	

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

0000 Initial Comments

Assisted Living Facility Complaint

Amended

Two complaint investigations (CCR# 2015010178 and CCR# 2015011073) were conducted at Angels Senior Living at Connerton Court on [redacted]. Angels Senior Living at Connerton Court, Assisted Living Facility, had deficiencies at the time of the investigation.

Please be advised that Tag A0165 was administratively deleted on [redacted].

0081 Training - Staff In-Service

Based on interview and record review, the facility failed to show proof of required training, within 30 days of employment, for Resident rights in an assisted living facility (Resident Rights), Recognizing and reporting [redacted], neglect, and [redacted] (Training), and Reporting major and adverse incidents (Incident Reporting)for 3 (Staff A, B, and C) of 3 employee records reviewed. Additionally, the facility failed to show proof of required training, within 30 days of employment, for Resident behavior and needs and Providing assistance with the activities of daily living (ADL Training) for 2 (Staff B and C) of 3 employee records reviewed.

Findings included:

An employee record review was conducted on [redacted].

A review of Staff A ' s record showed a date of hire as [redacted]. Staff A ' s record showed a lack of training certificates for Resident Rights, Training, and Incident Reporting. A review of facility records indicated that Staff A provides direct care to residents.

A review of Staff B' s record showed a date of hire as [redacted]. Staff B ' s record showed a lack of training certificates for Resident Rights, Training, Incident Reporting, Resident behavior and needs, and ADL Training. A review of facility records indicated that Staff B provides direct care to residents.

A review of Staff C ' s record showed a date of hire as [redacted]. Staff C ' s record showed a lack of training

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SUMMARY STATEMENT OF DEFICIENCIES
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certificates for Resident Rights, Training, Incident Reporting, Resident behavior and needs, and ADL Training. A review of facility records indicated that Staff C provides direct care to residents.

An interview was conducted with the administrator on at 3:58 PM. The administrator stated that she could not present the required training certificates for Staff A, Staff B and Staff C.

Class III

0086 Training - ADRD

Based on interview and record review, the facility failed to show proof of ' s and related (ADRD) training Level I required within 3 months of employment for facility ' s who maintain secured areas, for 2 (Staff B and Staff C) of 3 employee records reviewed.

Findings included:

An employee record review was conducted on .

A review of Staff B ' s record showed a date of hire as and a lack of a training certificate for ADRD Training. The facility ' s staffing schedule indicated that Staff B provides direct care to residents.

A review of Staff C ' s record showed a date of hire as / and the absence of a training certificate for ADRD Training. The facility ' s staffing schedule indicated that Staff C provides direct care to residents.

An interview was conducted with the administrator on at 3:58 PM. The administrator stated that she could not present the ADRD Training certificates for Staff B and Staff C.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Angels Senior at Connerton Court LLC
21021 Betel Palm Ln
Land O Lakes, FL 34638

RE: Amended Report **CCR# 2015010178 & 2015011073**

Dear Administrator:

This letter reports the findings of two complaint surveys that were 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.** 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. Tag A0165 was administratively deleted on .

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
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Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

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