AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968261	**04/29/2016**
NAME OF PROVIDER OR SUPPLIER **COVENTRY ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **415 N WILDER RD PLANT CITY, FL 33563**	

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

0000 Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on .

The Coventry Assisted Living, Assisted Living Facility, had a deficiency at the time of this visit.

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure that all direct care staff receive in-service training regarding the facility's resident elopement response policies and procedures within 30 days of employment, a minimum of 1 hour in-service training within 30 days of employment that covers reporting major and adverse incidents, and 3 hours of in-service training within 30 days of employment that covers resident behavior and needs and providing assistance with the activities of daily living.

Findings include:

Per record reviews conducted at the facility on / , 1 of 3 direct care employee records reviewed (Staff C) contained no evidence of completion of a minimum of 1 hour in-service training that covers reporting major and adverse incidents; 1 of 3 direct care employee records reviewed (Staff B) contained no evidence of completion of in-service training regarding the facility's resident elopement response policies and procedures; and 1 of 3 employee records reviewed contained no evidence of completion of 3 hours of in-service training within 30 days of employment that covers resident behavior and needs and providing assistance with the activities of daily living. The facility's in-house census on / was 15 residents.
Per record review, Staff C was hired on / / as a Resident Aide and provides personal care services to residents. As of record review, there was no indication of Staff C completing a minimum of 1 hour in-service training that covers reporting major & adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
Per record review, Staff B was hired on / as a Resident Aide and provides personal care services to residents. As of record review, there was no indication of Staff B completing 3 hours of in-service training within 30 days of employment that covers resident behavior and needs and providing assistance with the activities of daily living.
Per interview with the Administrator on / at 4:15pm, the Administrator acknowledged the identified staff training needs.

Class III

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

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Coventry Assisted Living
415 N Wilder Rd
Plant City, FL 33563

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was 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 the identified deficiency. Submit summary and documents to the Field Office no later than , 2016.** 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 deficiency 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.

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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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