



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Benton House Of Titusville
497 N Washington Ave
Titusville, FL 32796

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on
2017 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** , 2017. 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 Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967569	(X3) DATE SURVEY COMPLETED 01/09/2017
NAME OF PROVIDER OR SUPPLIER BENTON HOUSE OF TITUSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 497 N WASHINGTON AVE TITUSVILLE, FL 32796	

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

0000 - Initial Comments

The re-licensure survey was conducted on 1/9/17. Benton House of Titusville Assisted Living (License #11575) had deficiencies at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record review and interview, the facility, which has a licensed capacity of 90 residents, failed to maintain a written job description for each staff member in their personnel record.

Findings:

Review of the personnel records for Staff B (CNA, caregiver) and staff D (administrator) did not reveal a job description.

On 1/9/17, at 2:00 PM the administrator confirmed that no job descriptions were in the files for these 2 staff members. She stated that she had job descriptions for everyone but was unable to print them at this time.

Class III

0081 - Training - Staff In-Service - 58A-5.019(2) FAC

Based on personnel record review and interview, the facility failed to ensure that 4 of 4 sampled staff (A, B, C and D) had completed required in-service training within 30 days of employment.

Findings:

1. Review of the personnel record for Staff B, hired 1/9/17, revealed no evidence that she had completed training in: 1) reporting major incidents, 2) facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, 3) resident rights in an assisted living facility, 4) recognizing and reporting resident neglect, and 5) safe food handling practices, or 6) the facility's resident elopement response policies and procedures.

2. Review of the personnel record for Staff C, hired 1/9/17, revealed no evidence that she had completed training in: 1) reporting major incidents, 2) facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, 3) recognizing and reporting resident neglect, and 4) safe food handling practices, or 5) the facility's resident elopement response policies and procedures.

Review of the personnel record for Staff D (administrator), hired 1/9/17, revealed no evidence that she had completed training in: 1) control.

At 2:00pm on 1/9/17, the administrator confirmed that the certificates for Staff A, B, C & D were not in

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the files and that she could not provide verification that the trainings were completed.

4. A review of personnel records of a certified nursing assistant, CNAA (hired / /), revealed no evidence showing that within 30 days of employment CNA A had received in-service training that covers the following subjects:

1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
4. Facility resident elopement response policies and procedures

There was no evidence showing CNAA had taken the assisted living facility core training program that would exempt her from the following in-service training:

5. Resident rights in an assisted living facility.
6. Recognizing and reporting resident , neglect, and .
7. A minimum of 1-hour in-service training in safe food handling practices. On / / at 11:50 a.m. CNAA was observed assisting with dining .

On / / at 2:00 p.m. the executive director stated that in-service training certifications were filed in a computer. She was unable to print them out at the time.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on personnel record review and interview, the facility failed to ensure that 2 of 4 sampled staff (A & B) had completed a one-time education course on and within 30 days of employment.

Findings:

1. Review of the personnel record for Staff B (CNA, hired / /) revealed no evidence of training in / / .

At 2:00pm on / / , the administrator confirmed that the certificate was not in the file and she was not able to provide verification that the training was completed.

2. A review of personnel records of a certified nursing assistant, CNA #A (hired / /), revealed no evidence showing that within 30 days of employment CNA #A had received a one-time education

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course on () and ().

On // at 2:00 p.m. the executive director stated that in-service training certifications were filed in a computer. She was unable to print them out at the time.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on personnel record review and interview, the facility failed to ensure the food manager who is responsible for the food service day to day operation had completed the annual 2 hours continuing education on topics pertinent to nutrition and food services in an assisted living facility.

Findings:

Personnel record review for the food manager who is responsible for the kitchen and kitchen staff revealed no copy of the annual 2 hour continuing education in food & nutrition. Date of hire on 2014.

On // at 3:30 PM, an interview with the Administrator whom stated that she was not aware and confirmed the finding.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on personnel record review and interview, the facility failed to ensure that 3 of 4 sampled staff (A, B, C) had received required training regarding and Related (ADRD).

Findings:

1. Personnel record review for Staff B, hired // , revealed no evidence that she had completed 4 hours of and Related (ADRD), Level I Training within 3 months of employment. In addition, there was no evidence that she had completed ADRD Level II training within 9 months of employment, and no evidence of annual updates thereafter.

2. Personnel record review for Staff C, hired // , revealed no evidence of the required annual 4 hour updates of ADRD training in 2014, 2015 or 2016. Her last update was dated // . At 2:00pm on // , the administrator confirmed that the certificates for Staff B & C were not in the files and that she could not provide verification that the trainings were completed.

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3. A review of personnel records of a certified nursing assistant, CNA #A (hired _____), revealed no evidence showing that within 3 months of employment CNA #A had obtained 4 hours of initial training, entitled "_____ and Related _____ (ADRD), Level I".

On 1/11/17 at 2:00 p.m. the executive director stated that in-service training certifications were filed in a computer. She was unable to print them out at the time.

Class III

0090 - Training - _____ - 58A-5.0191(11) FAC

Based on personnel record review and interview, the facility failed to ensure that 3 of 4 sampled staff (A, B, D) had received at least one hour of training in the facility's policy and procedures regarding _____ (_____) within 30 days of employment.

Findings:

Personnel record review for Staff B (CNA, hired _____) and Staff D (administrator, hired _____) revealed no certificate or evidence of training in the facility's policies for _____.

A review of personnel records of a certified nursing assistant, CNA #A (hired _____), revealed no evidence showing that within 30 days of employment CNA #A had received at least one hour of training in the facility's policy and procedures regarding _____ (_____).

On 1/11/17 at 2:00 p.m. the executive director stated that in-service training certifications were filed in a computer. She was unable to print them out at the time.

Class III