

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968957	(X3) DATE SURVEY COMPLETED R 04/11/2017
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF DELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 350 E INTERNATIONAL SPEEDWAY BLVD DE LAND, FL 32724	

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

0000 Initial Comments

A follow-up visit to a complaint investigation was conducted at Grand Villa of Deland (License # 12792) on . Grand Villa DeLand had deficiencies at the time of the visit.

Based on employee record reviews and staff interviews, the facility failed to train staff for 4 hours within 3 months of hire on specific topics for Employee F out of 4 employee records that were reviewed for training.

The findings include:

A record review for Employee F, Caregiver, revealed a hire date of . No documentation could be found in the employee record to verify the employee received 4 hours of -specific training within 3 months of hire.

An interview with the Administrator on at 10:45 AM confirmed Employee F has not received 4 hours of -specific training as required. She stated " She has been scheduled multiple times but hasn't taken the training."

A review of the posted employee work schedule reveals Employee F worked on for 7 am - PM and on from 6-10 am.

An interview with the RCD on at 11:49 AM confirmed Employee F worked on both days (4/8 &) without receiving training in -specific training as required.

CLASS III