STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953611	**04/24/2017**
NAME OF PROVIDER OR SUPPLIER **BARRINGTON (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **901 SEMINOLE BOULEVARD** **LARGO, FL 33770**	

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

0000 - Initial Comments

Assisted Living Facility

On , , 2017, a biennial survey was conducted at The Barrington. Deficient practice was identified during the survey.

License # 7232

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview the facility failed to provide required in-service training for direct care staff (B) one of three staff reviewed within 30 days of employment.

Findings include:

Record review of Staff B on at 11:37 am revealed a date of hire as . Direct care staff training not available in file for the minimum requirement of 1hour in-service training within 30 days of employment 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. Resident rights in an assisted living facility.
5. Recognizing and reporting resident , neglect, and , .

The administrator was interviewed at 1:14 pm on and confirmed that the required minimum trainings for Staff B was not complete nor in their record at time of survey. She stated that the trainings would be given on Wednesday, , , 2017.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview the facility failed to provide required documentation of a valid First Aid and ( ) card for direct care staff (B), one of three staff reviewed.

Findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953611	04/24/2017
NAME OF PROVIDER OR SUPPLIER **BARRINGTON (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **901 SEMINOLE BOULEVARD** **LARGO, FL 33770**	

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

Record review of direct care Staff B on at 11:37 am revealed a date of hire as .
There was no evidence in the personnel file reflecting they had completed courses in First Aid and , , ( ) and/or holds a currently valid card documenting completion.

The administrator was interviewed at 7:14 pm on and confirmed that the required documentation for Staff B was not complete nor in their file at time of survey. She stated that he was in nursing school and the documentation was requested and they would wait for him to fax it in and add this to his file once received.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to provide required training of assistance with self-administration and medication management for direct care staff (B), one of three staff reviewed.

Findings include:

Record review of direct care Staff B on at 11:37 am revealed a date of hire as .
There was no evidence in the personnel file reflecting they had completed the required training demonstrating ability in respect to assisting residents in self-administration medication and medication management.

The administrator was interviewed at 7:14 pm on and confirmed that the required documentation for Staff B was not complete nor in their file at time of survey.

Class III

0180 - Emergency Management - 58A-5.026(1) FAC

Based on observation, interview and record review the facility failed to provide an emergency plan with provisions for the care of all residents remaining in the facility during an emergency.

Findings include:

Record review on at 1:29 pm of emergency plan provided was approved through , , 2016.

During an interview with administrator at 6:49 pm on she confirmed that an emergency plan

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953611	**04/24/2017**
NAME OF PROVIDER OR SUPPLIER **BARRINGTON (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **901 SEMINOLE BOULEVARD** **LARGO, FL 33770**	

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

had not been completed and the documentation will be submitted with the fire department next week, , 2017.

Class III