STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968966	R 06/07/2017
NAME OF PROVIDER OR SUPPLIER **GENTRY PARK ORLANDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **3201 CENTER POINT DR** **ORLANDO, FL 32825**	

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

0000 - Initial Comments

A revisit to an Extended Congregate Care (ECC) and a Limited Nursing Services (LNS) monitoring visit was conducted on . . . . . . Gentry Park Orlando, license # 12797, had deficiencies at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interview the facility failed to ensure 2 of 4 sampled staff (A & C) received required in-service training in Activities of Daily Living (ADLs) within 30 days of hire.

Findings:

Personnel record review for unlicensed caregivers Staff A (hired . . . .) and Staff C (hired . . .) revealed certificates for 0.5 hour online training in ADL, Part III.

On at 12:45 PM, the business office manager said they thought a course called "Empowering Residents through ADLs for Assisted Living" (a 1 hour online course) would count. She was advised it would not be a required part of the ADL training, but could be used as an extra training.

There was no documented evidence in the records to indicate staff A and staff C received Parts I and II towards the 3 hours of in-service training that covered Activities of Daily Living and Behavioral Needs within 30 days of employment, as required.

On at 12:45 PM, the business office manager confirmed the findings.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based of personnel record review and interview the facility failed to ensure 4 of 4 sampled staff had certificates which documented a minimum one hour of training in the facility's policies' and procedures regarding ( ) included in Rule 58A-5.0191 (12), F.A.C. within 30 days after employment. (A, B, C, D)

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

The Business Office Manager provided a copy of the sign-in sheet for a 1 hour training in the facility's policy' and procedures regarding ( ). Review of the staff records did not find any certificates for the training.

Personnel record review for staff A, a caregiver, hire date . Completed training on .

Personnel record review for staff B, a caregiver, hire date . Completed training on .

Personnel record review for staff C, a caregiver, hire date . Completed training on .

Personnel record review for staff D, a registered nurse, hire date . Completed training on .

In an interview with the business office manager on at 12:30 PM, she confirmed that certificates had not been created and that they had believed the sign in sheet was all that was required.

Class