STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968539	**08/17/2017**
NAME OF PROVIDER OR SUPPLIER **BARTRAM LAKES ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **6209 BROOKS BARTRAM DR BLDG 200** **JACKSONVILLE, FL 32258**	

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

0000 - Initial Comments

On 8/3- a Biennial survey with ECC specialty license was conducted at Bartram Lakes Assisted Living Facility. At the time of the Survey, deficient practice was found.

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

Based on record review and staff interview the facility failed to ensure and document 1 out of 3 sampled staff members (Staff C) obtained the required following in-service trainings: Residents Rights Training, Recognizing Training, Elopement and Response Training, Emergency preparedness & Evacuation Training.

The findings are:

Review of Staff C records (Hire Date of). The record revealed no documented training for Resident Rights Training, Recognizing Training, Elopement Response Training, Emergency preparedness & Evacuation Training.

On at 6:15 pm the Administrator was interviewed, The Administrator reviewed the records during the interview and confirmed that Staff C did not have the required training documentation stated that he will make sure the training issues will be corrected.

Class III

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

Based on record review and staff interview the facility failed to ensure that 1 of 3 sampled employees (Employee C) obtained the one time education course on and within the first 30 days of employment.

The Findings are:

Review of Staff C's employment records revealed that Staff C was date of hire was of . In addition, a review of Staff C's employment record revealed no evidence of Staff C taking the required and training.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968539	**08/17/2017**
NAME OF PROVIDER OR SUPPLIER **BARTRAM LAKES ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **6209 BROOKS BARTRAM DR BLDG 200** **JACKSONVILLE, FL 32258**	

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

On at 6:15 pm, the Administrator was interviewed. The Administrator reviewed Staff C employment and training record confirming that Staff A had no documentation of and training.

Class III

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

Based on record review and staff interview, the facility failed to ensure that 1 out of 3 staff files sampled (Staff C) did not complete the required training in ( )or have documentation of facility's policies and procedures regarding P & P training

Findings

On , a review of Staff C's employment record revealed that Staff C date of hire was . In addition, a review of Staff C's employment record revealed that Staff C did not complete the require DNROP training nor was their evidence to support that Staff A's was aware of the facility policy on .

On at 6:15 pm, the Administrator was interviewed. During the interview, the Administrator confirmed that staff C did not have the required documentation and will correct this issue moving forward.

Class III