STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966519	R 08/22/2017
NAME OF PROVIDER OR SUPPLIER **INDIGO PALMS AT MAITLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **740 NORTH WYMORE ROAD** **MAITLAND, FL 32751**	

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

0000 - Initial Comments

A revisit to a complaint investigation (2016014670) was conducted on through .

In addition, Complaint investigations (2017007917, 5559, and 6956) and revisits for complaint investigations (201613957) (2017003496, 2603, and 3875) were conducted on the same dates.

Indigo Palms at Maitland Assisted Living Facility, license #10704, had an uncorrected deficiency related to the revisit for #2016014670 at the time of the revisit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record reviews and interview, the facility failed to provide or arrange for 2 of 7 sampled staff (II and KK) to receive the mandated in-service training.

Findings:

Personnel record review for staff II revealed a hire date of .

Personnel record review for staff KK revealed a hire date of .

The personnel records for staffs II and KK did not contain documented evidence they received emergency preparedness and evacuation training within 30 days of hire.

On at 12:35 pm, the interim Resident Care Coordinator confirmed the findings.

Class III