STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967657	**09/05/2017**
NAME OF PROVIDER OR SUPPLIER **INN AT WATER'S EDGE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **10 GROVE AVENUE WEST** **LAKE WALES, FL 33853**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Biennial state licensure survey with limited nursing services (LNS) was conducted on , in conjunction with an unannounced complaint investigation, (CCR# 2017006844 & CCR# 2017007689).

The Inn at Water's Edge, Assisted Living Facility (License #11669), had deficiencies at the time of this visit.

(License # 11669)

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that newly hired staff (1 of 3 reviewed in facility with census of 48 in-house residents) submitted a statement from a health care provider (MD, PA, or ARNP), based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including ( ).

Findings included:

Staff C was hired on to provide direct resident care services. Staff C's personnel file contained a questionnaire completed by Staff C on which the employee indicated having no signs or symptoms of and employee's understanding that "this is for the purpose of determining freedom from and risk of communicating ." Printed in a box at the bottom of the form: "To be completed by Physician/ARNP: Based on the above information, this employee is free from communicable including ." A space designated for "Physician Signature" was signed by the facility "LPN/DON" (Licensed Pracyical Nurse/Director of Nursing) and dated . There was no indication of examination or attestation by a medical professional as required.
Per interview conducted with the Administrator on at 6:30pm, the Administrator acknowledged the employee record not containing required documentation.

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Class III

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

Based on record review and interview, the facility failed to ensure that three of three sampled staff (Staff A, B and C) who provide direct care to 48 in-house residents receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment, a minimum of 1 hour in-service training within 30 days of employment that covers the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation, and a minimum of 1 hour in-service training within 30 days of employment that covers reporting major and adverse incidents. The facility failed to ensure that all staff who provide direct care to residents receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. The facility failed to ensure that all staff who provide direct care to residents receive a minimum of 1 hour in-service training in Resident Rights in an Assisted Living Facility and recognizing and reporting resident , neglect, and

Findings included:

Surveyor selected 3 employee records for review on beginning at 10:30am. Per record review, Staff A, a licensed practical nurse (LPN), was hired as Director of Nursing on to provide resident care services on all shifts in both Assisted Living & Memory Care Unit (MCU); Staff B was hired as a Resident Aide/Medication Tech (/MT) on to provide resident care services on 1st & 2nd shifts in both AL & MCU; Staff C was hired as a Resident Aide/Medication Tech (/MT) on to provide resident care services on the 3rd shift in the MCU.

Three of three employee reviewed (Staff A, B, & C) contained no documentation of in-service training regarding the facility's resident elopement response policies & procedures and no documentation of in-service training that covers the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Two of 3 employee records reviewed (Staff B & C) contained no documentation of a minimum of 1 hour in-service training that covers reporting major and adverse incidents.

Two of 2 records reviewed of employees who provide direct care to residents and are not nurses, certified nursing assistants, or home health aides (Staff B & C) contained no documentation of training in

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control, including universal precautions, and facility sanitation procedures before providing personal care to residents.

Two of 2 records reviewed of employees who provide direct care to residents and have not taken the core training program (Staff B & C), contained no documentation of training that covers Resident Rights in an Assisted Living Facility and recognizing and reporting Resident , neglect, and .

Per interview conducted with the Administrator on at 6:30pm, the Administrator acknowledged staff in-service training needs not completed and/or not properly documented.

Class III

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

Based on record review and interview, the facility failed to ensure that all (2 of 3 reviewed) facility employees of facility with 48 in-house residents complete a one-time education course on and within 30 days of employment.

Findings included:

Surveyor selected 3 employee records for review on beginning at 10:30am. Per record review, Staff A, a licensed practical nurse (LPN), was hired as Director of Nursing on to provide resident care services on all shifts in both Assisted Living & Memory Care Unit; Staff B was hired as a Resident Aide/Medication Tech (/MT) on to provide resident care services on 1st & 2nd shifts in both AL & MCU; Staff C was hired as a Resident Aide/Medication Tech (/MT) on to provide resident care services on the 3rd shift MCU.

Two of 2 records reviewed of employees who provide direct care to residents and are not nurses (Staff B & C) contained no documentation of training on and .
Per interview conducted with the Administrator on at 6:30pm, the Administrator acknowledged staff in-service training needs not completed and/or not properly documented.

Class III

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0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on observation, record reviews, and interviews conducted at the facility on , the facility failed to ensure that all facility staff (2 of 3 reviewed) who provide direct care to residents with and Related (ADRD) obtain 4 hours of initial training (ADRD Level I training) within 3 months of employment and an additional 4 hours of training within 9 months of employment (Level II training).

Findings included:

AHCA Surveyor conducted a review of 3 employee files on beginning at 10:30am. Surveyor conducted a tour and staff interviews at the secure Memory Care Unit (MCU) at the Assisted Living Facility (ALF) on beginning at 11:00am. Per record reviews, 2 of 3 files of employees who provide direct resident care in the Memory Care Unit did not contain evidence of completion of required ADRD training.

Staff B was hired as a Resident Aide/Medication Tech (/MT) on to provide resident care services on 1st & 2nd shifts in both ALF & MCU; Staff C was hired as a Resident Aide/Medication Tech (/MT) on to provide resident care services on the 3rd shift in the MCU.

Per record review, Staff B completed ADRD Level II training on . There was no evidence of completion of ADRD Level I training as required.

Per record review, Staff C completed a 4-hour update on . There was no evidence of completion of ADRD Level I training and no evidence of completion of ADRD Level II training as required.

Per interview conducted with the Administrator on at 6:30pm, the Administrator acknowledged staff in-service training needs not completed and/or not properly documented.

Class III

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

Based on observation, record reviews, and interviews, the facility failed to ensure that all staff of facility with 48 in-house residents who provide direct resident care receive at least one hour of training in the

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facility's policies and procedures regarding ( ) within 30 days after employment.

Findings included:

Surveyor selected 3 employee records for review on beginning at 10:30am. Per record review, Staff A, an LPN, was hired as Director of Nursing on to provide resident care services on all shifts in both Assisted Living & Memory Care Unit; Staff B was hired as a Resident Aide/Medication Tech (/MT) on to provide resident care services on 1st & 2nd shifts in both AL & MCU; Staff C was hired as a Resident Aide/Medication Tech (/MT) on to provide resident care services on the 3rd shift MCU.

Three of three employee reviewed (Staff A, B, & C) contained no documentation of in-service training regarding the facility's policies and procedures regarding ( ). Per interview conducted with the Administrator on at 6:30pm, the Administrator acknowledged staff in-service training needs not completed and/or not properly documented.

Class III

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

Based on record review and interview, the facility failed to ensure that required training certificates are documented in the facility's personnel files and include title and subject matter/agenda of the training, trainee's name, dates of participation, location of the training, number of hours of the training, and training provider's name, dated signature and credentials, including professional license number, if applicable.

Findings included:

Surveyor selected 3 employee records for review on beginning at 10:30am. Per record review, Staff A, an LPN, was hired as Director of Nursing on to provide resident care services on all shifts in both Assisted Living & Memory Care Unit; Staff B was hired as a Resident Aide/Medication Tech (/MT) on to provide resident care services on 1st & 2nd shifts in both AL & MCU; Staff C was

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hired as a Resident Aide/Medication Tech (/MT) on to provide resident care services on the 3rd shift MCU.

Staff B's file contained a checklist completed by another /MT assessing skills providing ADLs and attestation certificate signed by the LPN-DON dated that Staff B completed 3 hours training in Activities of Daily Living (ADLs). There was no training certificate including title and subject matter/agenda of the training, dates of participation, location of the training, and training provider's name, dated signature and credentials, including professional license number, if applicable.

Staff C's file contained attestation certificate signed by the LPN-DON dated that Staff C completed 3 hours training in Activities of Daily Living (ADLs). There was no training certificate including title and subject matter/agenda of the training, dates of participation, location of the training, and training provider's name, dated signature and credentials, including professional license number, if applicable.

Staff C's attestation certificate was observed in a facility training record notebook provided by the Administrator, in which the LPN-DON is in process of completing training attestation certificates for staff. Surveyor observed a list of training topics with Staff B name & date and LPN/DON (hired) signature--no trainings were checked off as completed. Several other examples (photographic evidence obtained) of printed training attestation certificates with no date, signed by LPN/DON, were observed in process of completion in the notebook.

Per interview conducted with the Administrator on at 6:45pm, the Administrator acknowledged the incomplete and incorrect training documentation.

Class III