STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965107	**09/25/2017**
NAME OF PROVIDER OR SUPPLIER **BRIGHTON GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **16702 NORTH DALE MABRY** **TAMPA, FL 33618**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced, abbreviated, biennial re-licensure survey with Extended Congregate Care (ECC) was conducted on at Brighton Gardens of Tampa, an assisted living facility, in Tampa, Florida. There were deficiencies identified at the time of the visit.

(License # 9610)

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

Based on record review and interview, the facility failed to ensure that staff received the required staff training in its entirety or for the required duration of time within 30 days of employment for two (Staff A and B), of three employees selected for record review. Trainings included control, reporting major incidents, reporting adverse incidents, resident rights, recognizing and reporting resident , neglect, and , , emergency Response & evacuation, and elopements.

Findings included:

Record review for Staff A indicated a date of hire on . Staff A's record review revealed that Staff A completed thirty minute courses for Elopement on ; Resident Rights on , and Recognizing and Reporting Resident , Neglect, and , on , instead of the required one-hour training. Record review also revealed no documented training within 30 days of employment for Control, Emergency Response & Evacuation, Reporting Major Incidents, and Reporting Adverse Incidents.

Record review for Staff B indicated a date of hire on . Staff B's record review revealed that Staff B completed thirty minute courses for Recognizing and Reporting Resident , Neglect, and , on , instead of the required one-hour training. Record review also revealed no documented training within 30 days of employment for Elopement, Resident Rights, Emergency Response & Evacuation, Reporting Major Incidents, and Reporting Adverse Incidents.

On , at approximately 02:30 p.m., after the facility was provided the opportunity to search

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965107	**09/25/2017**
NAME OF PROVIDER OR SUPPLIER **BRIGHTON GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **16702 NORTH DALE MABRY TAMPA, FL 33618**	

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

hard copy and electronic record, and provided a printout of "Transcript Report - Individual Team Member," the Executive Director acknowledged that documentation provided indicated missing trainings completed by Staff A and Staff B and insufficient duration of each training. She reviewed training requirements and stated that the facility will ensure trainings are completed and documented.

Class III

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

Based on record review and interview, the facility failed to ensure that staff completed the required / , (/) training within 30 day of employment for one (Staff A), of three employees selected for record review.

Findings included:

Record review, conducted on , for Staff A indicate a date of hire on , and the facility had no documentation of / training completed by Staff A.

On , at approximately 02:30 p.m., the Executive Director reviewed training requirements and stated that the facility will ensure trainings are completed and documented.

Class III

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

Based on record review and interview, the facility failed to ensure that staff completed the required training regarding ( ) within 30 day of employment for two (Staff A and Staff B), of three employees selected for record review.

Findings included:

Record review, conducted on , indicated that Staff A, hired on , and Staff B, hired on , had no documentation of training completed within 30 days of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965107	**09/25/2017**
NAME OF PROVIDER OR SUPPLIER **BRIGHTON GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **16702 NORTH DALE MABRY** **TAMPA, FL 33618**	

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

employment.

On , at approximately 02:30 p.m., the Executive Director reviewed training requirements and stated that the facility will ensure trainings are completed and documented.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record and interview, the facility failed to maintain personnel records which contain documentation verifying freedom from signs or symptoms of a communicable . . . . . two (Staff A, Staff B) of three employees selected for record review.

Findings included:

Record review conducted on , revealed there were no communicable statement for Staff A and Staff B.

During interview with the Executive Director, on . . . . . at 01:18 p.m., reviewed records and confirmed that there was no communicable statement for Staff A and Staff B.

Class III