STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966800	**10/11/2017**
NAME OF PROVIDER OR SUPPLIER **ATRIA PARK OF ST JOSEPH**	STREET ADDRESS, CITY, STATE, ZIP CODE **350 BUSH RD** **JUPITER, FL 33458**	

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

0000 - Initial Comments

A Relicensure survey was conducted on and at Atria Park of St. Joseph, License #10963. The facility had deficiencies at the time of the visit.

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

Based on record review and staff interview, the facility failed to ensure 1 of 4 staff, whose records were reviewed, submitted evidence of a negative examination on an annual basis (Staff C).

The findings included:

On , a review of the personnel record for Staff C, whose hire date was , was completed. This record did not contain documentation signed by a licensed health care provider that Staff C was free from the signs and symptoms of for the years 2016 and 2017.

On at approximately 1:00 PM, a request was made to the Executive Director and Resident Services Director for any documentation showing evidence of a negative examination during 2016 and 2017. The facility provided no additional documentation prior to exit on .

Class III

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

Based on record review and staff interview, the facility failed to ensure 1 of 3 direct care staff received the required in-service trainings within 30 days of hire (Staff C).

The findings included:

On , during employee record review for Staff C whose hire date was , no documentation or training certificates were found showing completion of the following required in-service trainings within 30 days of hire:
a) Resident behavior and needs and Assistance with Activities of Daily Living (3 hours)
b) Nutritional and Safe Food Handling (1 hour)

On at approximately 1:00 PM, a request was made to the Executive Director and Resident Services Director for any documentation showing completion of the required in-service trainings. The facilty provided no additional documentation prior to exit on .

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Class

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

Based on record review and staff interview, the facility failed to ensure 3 of 3 direct care staff received the required and Related (ADRD) Training as required for staff who work at a facility that provides special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 434.4.6 of the Florida Building Code. Level I Training is to be completed within 3 months of hire date. Level II Training is to be completed within 9 months of hire date; and an annual 4 hour update to Level II is to be completed for Direct Care Staff. (Staff A, B, and C).

The findings included:

On , during employee record reviews, no documentation could be found for the following Direct Care Staff to verify completion of the required ADRD Trainings:

1) Staff A, whose hire date was , was due to complete the 4 hour Level I ADRD Training by , 2017.
[Note: Staff A is also required to complete the 4 hour ADRD Level II Training by 2017].

2) Staff B, whose hire date was , was due to complete the 4 hour Level I ADRD Training by 2017.

3) Staff C, whose hire date was , was due to complete the 4 hour Level I ADRD Training by , 2015;
Staff C was to complete the 4 hour Level II ADRD Training by , 2016; and
Staff C was to complete a 4 hour annual Level II ADRD Update by , 2017.

On at approximately 1:00 PM, a request was made to the Executive Director and Resident Services Director for any documentation showing completion of the required ADRD trainings. No documentation was produced prior to exit on .

Class III

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

Based on employee record review and staff interview, the facility failed to ensure copies of training certificates were documented in the faciliy's personnel files, for 2 of 3 direct care staff whose records

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SUMMARY STATEMENT OF DEFICIENCIES
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were reviewed (Staff A and Staff B).

The findings included:

On , during employee record reviews, certificates containing all of the required information for the following mandatory in-service trainings were not found within the personnel files for Staff A or Staff B:
a) Activities of Daily Living and
b) Emergency Preparation and Evacuation
c) Incident Reporting
d) Nutritional and Safe Food Handling

There was documentation within Staff A and Staff B's personnel file which showed completion of the above mandatory in-service trainings within 30 days of hire, but no certificates for these trainings had been issued.

On at approximately 1:00 PM, a request was made to the Executive Director and Resident Services Director for any of the missing training certificates for Staff A and B. No documentation was produced prior to exit on .

Class

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on record review and staff interview, the facility failed to ensure the appointed Food Designee (Staff E) had completed the Food and Nutrition Services Module of the Core Training course before assuming responsibility for the facility's food service.

The findings included:

On , during employee record review for Staff E, no documentation or training certificate was found showing completion of the required 2 hour Food and Nutrition Training prior to assuming responsibility for the facility's food service in of 2017.

An interview was conducted with the facility's Director of Culinary Services (Food Designee) on at approximately 10:15 AM. She confirmed she had assumed the responsibilities of Director of Culinary Services in of 2017, but had not yet completed the required 2 hour Food and Nutrition Training.

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On at approximately 1:00 PM, the Executive Director acknowledged that the required 2 hour Food and Nutrition Training for the Director of Culinary Services had not been completed as of the date of the survey.

Class

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on employee record review and staff interview, the facility failed to ensure 1 of 4 employee records reviewed contained the AHCA Recommended Form 3100-008, Affidavit of Compliance with Background Screening Requirements, signed by the employee at the time of hire (Staff C).

The findings included:

On , an employee record review was completed for Staff C, a direct care staff member whose hire date was . At this time, no signed Affidavit of Compliance with Background Screening Requirements could be located within Staff C's personnel file.

On at approximately 1:00 PM, a request was made to the Executive Director and Resident Services Director for the signed Affidavit of Compliance for Staff C. No such documentation was produced prior to exit on .

Unclassified