

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966287	(X3) DATE SURVEY COMPLETED 03/06/2018
NAME OF PROVIDER OR SUPPLIER INN AT LA POSADA	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MASTERPIECE WAY WEST PALM BEACH, FL 33410	

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

0000 - Initial Comments

An unannounced Re-Licensure with Extended Congregate Care (ECC) survey was conducted on 6, 2018 at Inn At La Posada, License #10600. The facility had deficiencies identified at the time of the visit.

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

Based on employee record review and staff interview, the facility failed to ensure 1 of 3 direct care staff, whose records were reviewed, participated in 4 hours of _____'s _____ and Related (ADRD) continuing education training annually as required under Section 429.178 of the Florida Statutes (Staff B).

The findings included:

On _____, a review was conducted of Staff B's employment record. Staff B is a licensed nurse whose hire date is _____. Staff B completed Level II of the ADRD training on _____. There was no documentation found showing completion of 4 hours of ADRD continuing education training for years 2014, 2015, 2016, and 2017. There was a certificate for 4 hours of ADRD continuing education training dated _____.

On _____ at approximately 11:45 AM, a request was made to Human Resources for all training certificates for Staff B. Human Resources stated the training certificates were maintained by the Director of Nursing (DON); a second request was made for all training certificates.

On _____ at 2:30 PM, the DON was notified of the missing annual ADRD continuing education trainings. The missing certificates were not provided.

Class

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and an interview, the facility failed to submit their Comprehensive Emergency Management Plan (CEMP) by the required deadline to the county for approval.

The findings included:

On _____ at 8:40 AM, a county representative with the Division of Emergency Management stated that

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/23/2018
FORM APPROVED

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the facility's CEMP had not yet been submitted as of this date for their annual approval by the county . Review of the Division of Emergency Management's letter of approval for the CEMP indicates that the plan must be submitted by , "which allows for a 60 day review period established by Florida State Statutes before the CEMP expires". Class III E210 - ECC - Training - 58A-5.0191(7) FAC Based on record review and an interview, the facility failed to ensure 1 out of 1 sampled employees, the Extended Congregate Care Supervisor, had passed the CORE exam as part of the required CORE training for ECC supervisors (Staff D). The findings included: On the website for CORE examinees was reviewed to ensure Staff D, the ECC Supervisor, was listed as having passed the CORE exam. Staff D was not found on the website. Staff D was interviewed on at 12:00 PM and stated he had not taken the CORE exam, and had completed the training only. During interview with the Administrator on at 1:00 PM, he acknowledged that Staff D had not yet taken and passed the CORE exam as required for the ECC supervisor. Staff D was hired on , and stated he had been the ECC supervisor since . . . , 2017. The facility provided no additional documentation for review at this time. Class III		