STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911232	03/20/2018
NAME OF PROVIDER OR SUPPLIER **COURTENAY OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1100 SOUTH COURTENAY PARKWAY** **MERRITT ISLAND, FL 32952**	

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

0000 - Initial Comments

An abbreviated re-licensure survey was conducted on . . . . . Courtenay Oaks Assisted Living, license #7476, had deficiencies at the time of the visit.

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

Based on personnel record review and interview, the facility failed to ensure that direct care staff had a minimum of 1-hour in staff in-service training within 30 days of employment for 3 of 4 sampled staff (#A, B & C).

Findings:

1. Review of the personnel record for Staff A, CNA (date of hire), did not reveal evidence of training in the following: facility resident elopement response policies and procedures, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

2. Review of the personnel record for Staff B, CNA (date of hire), did not reveal evidence of training in the following: facility resident elopement response policies and procedures, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, and nutrition and safe food handling practices.

3. Review of the personnel record for Staff C, CNA (date of hire . . . .), did not reveal evidence of training in the following: facility resident elopement response policies and procedures, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

On . . . . at 3:00 PM, the administrator confirmed that she was unable to provide documentation the trainings were completed.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observation, personnel record review and interview, the facility failed to ensure that at least one staff member who had completed courses in First Aid and (, ,) and held a currently valid card documenting completion of such courses was in the facility at all times for 3 of 3 sampled staff (#A, B & C).

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

Findings:

Observation during a tour of the facility on at 8:45 AM revealed that Staff A, a CNA, was working alone with the 7 residents in the facility. Her shift started at 7:00 AM and she was scheduled to work alone until 11:00AM when another CNA came on duty. At 10:45 AM, a staff LPN came to work. She was not on the schedule for .

1. Review of the personnel record for Staff A, CNA (date of hire), revealed copies of 2 cards for training in First Aid and dated . The courses were completed electronically through an online provider. There was no hands-on training in either course.

2. Review of the personnel record for Staff B, CNA (date of hire), did not reveal any evidence of training in First Aid. She did have a valid certification through an approved provider that will expire in . Staff B was scheduled to work alone on from 7:00 PM -11:00 PM.

3. Review of the personnel record for Staff C, CNA (date of hire), revealed a certificate for First Aid training which expired on . The course was completed electronically through an online provider. There was no hands-on training for First Aid. There was no current certification for First Aid found in her record. Staff C did have a valid certification through an approved provider that will expire in . Staff C was scheduled to work alone on from 11:00 PM -7:00 AM

On at 3:00 PM, the administrator confirmed there were no other documents for First Aid or training for Staff A, B or C. The administrator stated she did not know online training was not allowed. During the survey, the administrator contacted an approved trainer who will provide the hands-on training at the facility on . Until the training is complete, she will have the staff nurses working each shift to comply with the regulations for staff certified in First Aid and . A staff nurse was working at the end of the survey on .

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on personnel record review and interview, the facility failed to have evidence that 1 of 4 sampled unlicensed staff (C), who provided assistance with residents' medications had received the required training for providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

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NAME OF PROVIDER OR SUPPLIER **COURTENAY OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1100 SOUTH COURTENAY PARKWAY** **MERRITT ISLAND, FL 32952**	

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

Findings:

Review of the personnel record for Staff C, CNA (date of hire), revealed a certificate for a 2 hour update in providing assistance with self-administration of medications dated and signed by a registered nurse. Further review of the record revealed the earliest certificate in the record was dated . The certificate did not contain the number of contact hours for the class. In addition, the certificated was signed by a licensed Practical Nurse (LPN). No other certificates for an initial 4 or 6-hour training class were contained in the record.

On at 3:10 PM, the administrator confirmed she was unable to provide a certificate documenting completion of an initial 4-hour training class in assisting with self-administration of medications provided by a registered nurse or licensed pharmacist for Staff #C.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that direct care staff had received at least one hour of training in the facility's policy and procedures regarding ( ) within 30 days after employment for 3 of 4 sampled staff (#A, B & C).

Findings:

Review of the personnel records for Staff A, CNA (date of hire), Staff B, CNA (date of hire) and Staff C, CNA (date of hire) did not reveal evidence of at least one hour of training in the facility's policy and procedures regarding within 30 days after employment.

On at 3:00 PM, the administrator confirmed that she was unable to provide documentation that the training was completed.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on Agency Clearinghouse Website Review and Interview, the facility failed to register and maintain the employment status of employees within the Agency's Background Screening Clearinghouse for 2 of 4 sampled staff employees (B, D)

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

Findings:

Review of the Agency's Background Screening website for 4 sampled staff revealed that Staff #B, a CNA hired on and Staff #D, the administrator, hired on were not on the clearinghouse roster for the facility.

On at 3:30 PM, the administrator said the Human Resources office maintains the facility roster. She stated she was not aware it was not up to date.

Unclassified