STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969031	04/02/2018
NAME OF PROVIDER OR SUPPLIER **CAIRN PARK 3**	STREET ADDRESS, CITY, STATE, ZIP CODE **1444 ARGYLE DR** **FORT MYERS, FL 33919**	

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

0000 - Initial Comments

An unannounced relicensure and limited nursing services monitoring survey was conducted on . . . at Cairn Park 3, an assisted living facility (license #12866) in Fort Myers, Florida.

The following is description of the deficiencies found at the time of the visit.

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview, the facility failed to ensure the Administrator had the required Assisted Living Facility Core Training within 3 months of the date she became the Administrator.

The findings included:

Record review for Administrator, who was employed by the facility on . . . , revealed she has no documentation of Core Training.

During an interview on at 2:30 p.m., the Administrator acknowledged that she did not currently have required Core Training.

Class III

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

Based on record review and interview, the facility failed to ensure 2 (Staff A and Staff B) of 3 staff records reviewed, received the required education within 30 days of hire.

The findings included:

1. Record review revealed Staff A was hired on . . . . as a Resident Aid. Further review showed Staff A did not receive 1 hour training in Resident Rights until .

2. Record review revealed Staff B was hired on as a Resident Aid. Further review showed Staff B did not receive 1 hour training in the following areas until 5 month after being hired: . . . . control, providing assistance with the activities of daily living and resident behaviors and needs, elopement response, emergency procedures, resident rights, recognizing and reporting resident . . . . , neglect and , , and safe food handling practices.

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SUMMARY STATEMENT OF DEFICIENCIES
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3. During an interview on at 2:30 p.m., the Administrator responsible for staff training, confirmed the lack of the appropriate training.

Class III

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

Based on record review and interview, the facility failed to ensure 2 (Staff A and Staff B) of 3 staff records reviewed, received / training within 30 days of hire.

The findings included:

1. Record review revealed Staff A was hired on as a Resident Aid. Record review revealed that Staff A had / training on , which is more than 30 days after hire.

2. Record review revealed Staff B was hired on as a Resident Aid. Record review revealed that Staff B had / training on , which is more than 30 days after hire.

3. During an interview on at 2:30 p.m., the Administrator, responsible for staff training, confirmed the lack of the appropriate training in a timely manner.

Class

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

Based on interview and record review, facility failed to ensure that 1 (Staff B) out of 3 staff had at least one hour of training in the facility's policy and procedures regarding ( ) within 30 days after employment.

The findings included:

Record review for Staff B found she was hired as a Resident Aid on . Record review revealed that Staff B had training on , which is more than 30 days after hire.

During an interview on at 2:30 p.m., the Administrator, responsible for staff training, confirmed the lack of the appropriate training in a timely manner.

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

Class

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969031	**04/02/2018**
NAME OF PROVIDER OR SUPPLIER **CAIRN PARK 3**	STREET ADDRESS, CITY, STATE, ZIP CODE **1444 ARGYLE DR** **FORT MYERS, FL 33919**	

SUMMARY STATEMENT OF DEFICIENCIES
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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the facility failed to ensure that staff had the required level 2 background screen every (5) five years for 1 (Staff A) out of 3 records reviewed.

The findings included:

Record review revealed Staff A was hired on as a Resident Aide. Her record showed that her level 2 background screening was completed on . No other background screening was found in the file.

During an interview on at 1:10 p.m., with Administrator reported she was not aware that Staff A was out of date on her background screening.

Unclassified