

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967835	(X3) DATE SURVEY COMPLETED 02/08/2018
NAME OF PROVIDER OR SUPPLIER PENDRY ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 36120 HUFF ROAD EUSTIS, FL 32736	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced abbreviated biennial licensure survey was conducted on at Pendry Estate, LLC (License #11806), Eustis, FL. Deficient practice was identified at the time of the survey. 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC Based on record review and interview the facility failed to ensure the 1 hour required Recognizing/Reporting, Neglect & in-service training was completed by 1 of 2 staff records reviewed (Staff A). Findings: A review of the personnel records for Staff A revealed no evidence of completion of the in-service training for "Recognizing/Reporting, Neglect & " required within 30 days of employment. An interview was conducted with Staff A on at 2:32 pm. She confirmed she had no evidence of completing the "Recognizing/Reporting, Neglect & Training". An interview was conducted with the Administrator on at 4:05 PM. She confirmed Staff A had not completed the training for "Recognizing/Reporting, Neglect & " and that she would see to it that Staff A completed it as soon as possible. Class III		