

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968646	(X3) DATE SURVEY COMPLETED 04/02/2018
NAME OF PROVIDER OR SUPPLIER SEASONS LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 4175 EAST BAY DR CLEARWATER, FL 33764	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On , 2018, a biennial re-licensure survey in conjunction with complaint survey (CCR#2018002226) was conducted at Seasons Largo assisted living facility. Deficient practice was identified during the survey.

(License# 12518)

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

Based on record review and interview, the facility failed to ensure that all staff (3 of 3 reviewed) who provide direct care to residents (of facility with 57 in-house residents) receive a minimum of 1 hour in-service training within 30 days of employment that covers the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

Findings included:

Record reviews and interviews conducted at the facility on revealed that the facility employs Resident Aides and Certified Nursing Assistants to provide direct resident care services. Staff A was hired as a Resident Aide on ; Staff B was hired as a Resident Aide on ; Staff C was hired as a Certified Nursing Assistant on .

A review of employee files on revealed 3 of 3 (Staff A & B & C) records reviewed contained no documentation of completion of training in facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

Review of employee files and interview conducted with the Assistant Administrator/Human Resources on beginning at 12:20pm confirmed staff records not containing evidence of required training.

Class III

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

Based on record review and interview, the facility (with 57 in-house residents) failed to ensure that a staff

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968646	(X3) DATE SURVEY COMPLETED 04/02/2018
NAME OF PROVIDER OR SUPPLIER SEASONS LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 4175 EAST BAY DR CLEARWATER, FL 33764	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
member who has completed courses in First Aid and () and holds a currently valid card documenting completion of such courses is in the facility at all times. Findings included: Record reviews and interviews conducted at the facility on revealed that the facility employs Resident Aides and Certified Nursing Assistants to provide direct resident care services. Staff A was hired as a Resident Aide on and primarily works 1st shift; Staff B was hired as a Resident Aide on and primarily works 2nd shift; Staff C was hired as a Certified Nursing Assistant on and works 3rd shift. AHCA Surveyor review of employee files on revealed that 3 of 3 (Staff A & B & C) records contained no documentation of completion of courses in First Aid and and currently valid cards documenting completion of such courses. Staff B's file contained a card valid ; as of review, the training had expired-there was no evidence of updated, current certification. Staff A & Staff C records contained no documentation of completion of courses in First Aid and . Surveyor reviewed staffing schedule and employee records with the Assistant Administrator/Human Resources on beginning at 12:20pm in order to determine if the facility has at least 1 staff person trained & currently certified in First Aid and in the facility at all times. Records reviewed for all staff revealed: None of eight Resident Aides working 2nd shift are currently certified in First Aid and . None of seven Resident Aides working 3rd shift are currently certified in First Aid and ; 1 staff who works 3rd shift as needed has current certification. There are certified staff and nurses working 1st shift and partial 2nd shift, but no staff in the facility certified in First Aid and for most of 2nd shift and all of 3rd shift. The Assistant Administrator/Human Resources stated (at 1:50pm) that 1st shift is covered, but 2nd & 3rd shifts need staff person trained and certified in First Aid and in order to have a trained and certified staff person in the facility at all times. Class III 0090 - Training - - 58A-5.0191(11) FAC Based on record reviews and interviews, the facility failed to ensure that all direct care staff (1 of 3 reviewed in facility with 57 in-house residents) receive at least one hour of training in the facility's policies and procedures regarding () within 30 days after employment.		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968646	(X3) DATE SURVEY COMPLETED 04/02/2018
NAME OF PROVIDER OR SUPPLIER SEASONS LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 4175 EAST BAY DR CLEARWATER, FL 33764	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Findings included: Record reviews and interviews conducted at the facility on revealed Staff C was hired as a Certified Nursing Assistant on to provide direct resident care services. Staff C's employee file contained no documentation of training in the facility's policies and procedures regarding Review of Employee files and Interview conducted with the Assistant Administrator/Human Resources on beginning at 12:20pm confirmed Staff C's record not containing evidence of required training. Class III 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on record review and interview, the facility failed to review and submit an amended Comprehensive Emergency Management Plan (CEMP) by, 2017 for approval.. Findings included: Record review on of the last letter dated sent by the local emergency management agency revealed the facility's Comprehensive Emergency Management Plan (CEMP) was reviewed and was available for pick-up after the fees were paid. The letter stated this letter was not the approval letter but upon payment and pick-up, the facility would receive the CEMP approval letter, The letter also stated on there were corrections to be made to the CEMP before the next submission in, 2017. There was no approval letter found for and the amended CEMP was not sent in, 2017 as requested by the local emergency management agency. When interviewed on at 1:00 p.m., the administrator stated they were working on the CEMP now and would be submitting it soon. Class III		