STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922298	**05/08/2018**
NAME OF PROVIDER OR SUPPLIER **FAMILY TRADITIONS III**	STREET ADDRESS, CITY, STATE, ZIP CODE **352 LAKE ROAD VENICE, FL 34293**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted . . . . at Family Traditions, an assisted living facility (license #8038) in Venice, Florida.

The following is description of the deficiencies.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure staff has a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for 1 (Administrator) of 2 employee files reviewed.

The findings included:

A review of the Administrator's employee file contained no written statement from a health care provider documentating the Administrator was free of communicable . . . . . .

On . . at 12:30 p.m., Administrator said she would contact her doctor to get this.

Class III

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 participated in 12 hours of continuing education in topics related to Assisted Living every 2 years.

The findings included:

A review of the Administrator's employee file revealed completion of 8 continuing education credits in the last 2 years.

On at 12:30 p.m., the Administrator said she had not yet completed all of her continuing education classes as she is also a Certified Nursing Assistant (CNA) and she had until the end of the month to complete her continuing education for her CNA.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922298	**05/08/2018**
NAME OF PROVIDER OR SUPPLIER **FAMILY TRADITIONS III**	STREET ADDRESS, CITY, STATE, ZIP CODE **352 LAKE ROAD** **VENICE, FL 34293**	

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

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

Based on record review and interview, the facility failed to ensure a staff member who has completed courses in First Aid and currently holds a valid card documenting completion of such courses , is in the facility at all times for 1 (Administrator) of 2 employee files reviewed.

The findings included:

A review of the Administrator's employee files revealed an expired First Aid Card. The Administrator said she is currently living at the facility and is the only employee except for 1 staff member who covers weekends.

On at 12:30 p.m., the Administrator said she had taken the course and thought First Aid was a part of it. The Administrator said she hadn't noticed the card did not include First Aid.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and interview, the facility failed to ensure the Administrator obtained annually a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

The findings included:

A review of the Administrator's employee file contained a document that the Administrator had attended an in-service related to nutrition/food service in 2016.

On at 12:30 p.m., the Administrator said she is the person responsible for the facility's food service and day-to-day supervision of food service staff. Administrator said she took the course in 2016 and thought that would be good for 3 years. Administrator said she did not realize this had to be done annually.

Class III