STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942829	**05/14/2018**
NAME OF PROVIDER OR SUPPLIER **INN AT LAKE SEMINOLE SQUARE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **8355 SEMINOLE BLVD.** **SEMINOLE, FL 33772**	

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

0000 - Initial Comments

Assisted Living Facility

On , a biennial relicensure survey was conducted at the Inn at Lake Seminole Square (Lic. #7465). Deficient practice was identified during the survey.

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

Based on record review and interview, three of three caregiver staff sampled (B-D) who had been employed at least 30 days had not received all required training.

Findings include:

A personnel file review during the survey indicated that Staff B, C, and D, hired , and , respectively, had no documentation verifying that any of them had received the minimum hour in-service training in the reporting of major incidents and adverse incidents. Interview with the administrator at 2:20pm on provided no explanation for this discrepancy other than "they had likely provided said training but simply hadn't documented it appropriately."

Class III

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

Based on record review and interview, three of three caregiver staff sampled (B-D) who had been employed at least 30 days had not received the minimum 1 hour training regarding the facility's policies/procedures regarding .

Findings include:

Personnel record review revealed that Staff B (hired) had no documented evidence that he had received training in the facility's -related policies and procedures. Review of Staff C and D's files (hired and , respectively) also did not produce any documented evidence that either employee had received training/orientation pertaining to the facility's policy(ies) and procedure(s). Interview with the administrator at 2:30pm on provided no clarification for this oversight.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942829	**05/14/2018**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class III