STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966607	R 07/19/2018
NAME OF PROVIDER OR SUPPLIER **HERON HOUSE OF LARGO**	STREET ADDRESS, CITY, STATE, ZIP CODE **2050 EAST BAY DRIVE** **LARGO, FL 33771**	

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

0000 - Initial Comments

Assisted Living Facility

A Revisit to 05/29/18 Complaint Survey (CCR#: 2018006105, 2018004475, and 2018002063) in conjunction with a Complaint Survey (CCR#: 2018008742 and 2018009016) was conducted at Heron House of Largo Assisted Living Facility on . . . . . Heron House of Largo Assisted Living Facility had a deficiency at the time of survey.

(License#: 10811)

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

Based on record review and interview, the facility failed to ensure 4 (B, C, D, E) of 5 direct care staff had the required in-service training with in 30 days of date of hire.

Findings included.

During a review of employee records on //18, it was revealed that Employee B who has a hire date of and is direct care staff, was missing documentation of receiving training on control including universal precautions. The employee also did not have documentation of receiving safe food handling training, and training in activities of daily living

.Employee C who has a hire date of and is direct care staff, was missing documentation of the following required training;
Recognizing and reporting , neglect and , , emergency preparedness, elopement training and activities of daily living training.

Employee D, hire date . . . , did not have training for . . . . neglect and . , ... , emergency preparedness and incident reporting.

Employee E, hire date 3/ , had no documentation of training for recognizing and reporting , neglect and . , ...

The administrator stated on . . . . that she was working on all the trainings and in service.

Class III.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966607	R **07/19/2018**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)