STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964485	**08/08/2018**
NAME OF PROVIDER OR SUPPLIER **SYLVAN TERRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2770 REGENCY OAKS BLVD** **CLEARWATER, FL 33759**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain an up-to-date Background Screening Clearinghouse employee roster for all employees who are currently working at the facility. The facility failed to list the administrator on the roster.

Findings included:

Record review of Agency for Health Care Clearinghouse Employee Roster revealed that not all employees who are currently employed at the facility, were included on the Employee Roster reviewed on .

During interview with the Health and Wellness Director on at 10:19 a.m., the Health and Wellness Director reviewed the background screening website and identified that the current administrator on file is still the administrator of record, however it was identified he was not included on the background screening employee roster at this time.

(unclassed)

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

0000 - Initial Comments

Assisted Living Facility

A Biennial survey was conducted at Sylvan Terrace Assisted Living Facility on . Sylvan Terrace Assisted Living Facility had deficient practice at the time of the survey.

License: 9037

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on interview and record review, the facility failed to ensure that all direct care staff completed the required in-service training within 30 days from the date of hire in the following training areas: Resident Rights, Incident Reporting, Emergency Preparedness and Evacuation, Activities of Daily Living and Behavioral Needs, Elopement and Control for two Staff (A & C) of four sampled staff.

Findings included:

During an employee record review on , it was discovered that Staff A, hired , did not have documentation of completion for in-service training in the following training areas: Resident Rights, Incident Reporting, Emergency Preparedness and Evacuation, Activities of Daily Living and Behavioral Needs, Elopement and Control.

During an employee record review on it was discovered that Staff C hired did not have documentation of certificates of completion for in-service training in the following training areas: Resident Rights, Incident Reporting, Emergency Preparedness and Evacuation, Activities of Daily Living and Behavior needs, Elopement and Control.

In an interview on at 11: 13 a.m., the Health and Wellness Director reviewed files with surveyor and confirmed that there were no certificates of completion for the above mentioned in-service trainings and stated, " I cannot locate them at this time."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964485	**08/08/2018**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class III

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

Based on interview and record review, the facility failed to ensure that all direct care staff completed one hour of the required ( ) training within 30 days from the date of hire for two staff (A and C) of four sampled Staff.

Findings included:

During a record review on , it was revealed that Staff A, hired , did not have a certificate of completion for training in their current file.

During a record review on , it was revealed that Staff C, hired , did not have a certificate of completion for training in their current file.

In an interview on at 12:40 p.m., the facility Health and Wellness Director confirmed that there were no certificates of completion for the above mentioned in-service training's in file and stated, " I cannot locate anything."

Class III