STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968334	**10/31/2018**
NAME OF PROVIDER OR SUPPLIER **SUMTER PLACE IN THE VILLAGES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1550 KILLINGSWORTH WAY** **THE VILLAGES, FL 32162**	

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

0000 - Initial Comments

An unannounced complaint investigation survey (CCR #2018015277) was conducted on at Sumter Place in The Villages Assisted Living Facility (License #12227). Deficient practice was identified at the time of the survey.

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

Based on record review and interview, the facility failed to ensure 2 of 4 sampled staff members (Staff D & Staff G) received the required training on reporting major incidents.

Findings:

A record review of personnel records for Staff D (date of hire:) and Staff G (date of hire:) revealed no evidence of completion of incident reporting training.

An interview was conducted with the Administrator on at 11:35 AM. She stated she was in the process of auditing the personnel records to ensure all staff members had received the required training. She confirmed that the staff members who missed training will receive it promptly.

Class III