STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968137	**10/29/2018**
NAME OF PROVIDER OR SUPPLIER **BUENAVENTURA ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 OAXACA LANE** **KISSIMMEE, FL 34743**	

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

0000 - Initial Comments

A Change of Ownership (CHOW) survey was conducted on . Buenaventura Assisted Living Facility license# 12066 had deficiencies at the time of the visit.

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

Based on personnel record review and interview the facility failed to ensure the 1 of 2 personnel records (B) contained a healthcare provider statement that indicated freedom from communicable .

Findings:

Personnel record review for staff B hired , administrator and caregiver revealed no evidence to confirm freedom from communicable . The review revealed a freedom from statement dated .

In an interview with the administrator on at 2 PM, who confirmed the findings.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on facility and personnel record review and interview the facility failed to make sure that a staff member who has completed courses in First Aid and , , ( ) and held a currently valid card documenting completion of such courses must be in the facility at all times.

Findings:

Personnel record review for staff A, hired and was a caregiver. The review revealed a First Aid certification card that expired on . Her certification expired .

In an interview with staff A on at 1 PM who said she worked as a 24 hour caregiver on Saturdays at 4 PM to Mondays at 4 PM.

Review of the staff schedule revealed staff B worked as the sole caregiver on and , and , to at 4 PM and . Staff B was schedule to work on at 4 PM.

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An opportunity was given to the administrator and the staff to locate current First Aid certification .

In an interview on at 2 PM with the administrator and staff A stated staff A did not have current certification.

Class III

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

Based on personnel record review and interview the facility did not provide or arrange for 1 of 2 sampled staff (#A) to attend the mandated in-service training.

Findings:

Personnel record review for staff A, hired and was a caregiver and served or prepared food.

The review revealed no evidence she attended/received;

A 3 hour of in-service regarding 1. Resident behavior and needs.2. Providing assistance with the activities of daily living.
A 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents.
There was no evidence she was Home Health Aide (HHA) or Certified Nursing Assistant (CNA) therefor except from this requirement.

An -service training regarding the facility's resident elopement response policies and procedures.

A 1- hour in-service training regarding: The facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation and 1. Reporting major incidents. 2. Reporting adverse incidents.

A 1-hour-in-service training within 30 days of employment in safe food handling practices. There was no evidence to confirm she attended ALF CORE and were exempt for this requirement

In an interview with the administrator on at 2 PM, who confirmed the findings.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUENAVENTURA ASSISTED LIVING FACILITY LLC	**140 OAXACA LANE KISSIMMEE, FL 34743**

SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on personnel record review and interview the facility did not provide or arrange for 1 of 2 sampled staff (A) to attend the required education course on / (/).

Findings:

Individual personal record review for staff A hired revealed no evidence to confirm she received an education course on / (/). There was no evidence to confirm she was a licensed nurses, therefore exempt from the requirement.

In an interview with the administrator on at 2 PM, who confirmed the findings.

Class III

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

Based on personnel record review and interview the facility did not provide or arrange for 1 of 2 sampled staff (A) to attend a 1 hour in-service training regarding the facility's ( ) policies and procedures.

Findings:

Personnel record review for staff A, hired revealed a certificate of training regarding from an internet site. There was no evidence to confirm she received an in-service training regarding the facility's policies and procedures.

In an interview with the administrator on at 2 PM, who confirmed the findings and said she did not know the in-service the staff received was related to general information.

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

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

Based on record review and interview the facility failed to ensure 2 of 2 sampled residents (#1 and #2) contracts contained all the required information.

Findings:

Individual resident record review for residents # 1 and 2 revealed the contracts did not contain:

A refund policy that conformed to the requirements of Chapter 429.24(3), F.S; and

A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule.

A provision stating that at least 30 days written notice will be given before any rate increase;

In an interview with the administrator on at 2 PM, who confirmed the findings.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review the facility failed to submit the Comprehensive Emergency Plan (CEMP) to the local emergency management within 30 of obtaining the license.

Findings:

The facility's license indicated a provisional license effective .

In an interview with the administrator on at 11 AM who said the CEMP was submitted for review but has not been approved.

She provided a letter from the Osceola County emergency management agency dated . which indicated receipt of submission of the CEMP for 2018.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and interview, the facility did not: 1 .Developed and implement written policies

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

and procedures to ensure the assisted living facility could effectively and immediately activate operate and maintain the alternate power source. 2. Failed to notify in writing, unless permission for electronic communication was granted, each resident and the resident's legal representative within five (5) business days that: the emergency power plan was submitted to the local emergency management agency for review and approval or upon final implementation of the plan by the assisted living facility.

Findings:

During review of the facility's emergency power plan on the administrator stated that she did not notify residents and or responsible parties when the emergency power plan was submitted to the local emergency management agency for review and approval or upon final implementation of the plan by the assisted living facility. She did not have policies and procedures related to the emergency power plan. She did not know that was a requirement.

There were no policies and procedures that addressed the care of residents occupying the facility during a declared state of emergency, methods to be used to mitigate the potential for heat related injury: the use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; wellness checks by staff to monitor for signs of and heat injury; and a provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.

Class III