

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967960	(X3) DATE SURVEY COMPLETED 11/08/2018
NAME OF PROVIDER OR SUPPLIER A NEW AGE OF SENIOR CARE AT WELLINGTON, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1074 C/D HYACINTH PLACE WELLINGTON, FL 33414	

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

0000 - Initial Comments

An unannounced abbreviated Relicensure survey was conducted on _____ at A New Age of Senior Care at Wellington, License #11924 . The facility had deficiencies identified at the time of the survey.

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and an interview, the Provider failed to ensure that 1 out of 3 sampled unlicensed staff members (Staff B) who provided assistance with self-administered medications had successfully completed a minimum of 6 hours initial training on providing assistance with self-administered medications and safe medication practices in an ALF (Assisted Living Facility).

The findings included:

The personnel file for Staff B (whose hire date was _____) was reviewed for documentation of a minimum of 6 hours of initial training on providing assistance with self-administered medications and safe medication practices in an ALF. The last documented training was a 4 hour course completed on _____.

There was no documentation to show completion of the additional 2 hours of training that focuses on syringes, _____, _____, _____, stockings, _____, _____, bags and vital signs described in (6)(b)2 h-n., F.A.C. (Florida Administrative Code), effective _____.

During interview with Staff B on 11/08/18 at 2:00 PM, she confirmed she does assist residents with medication. The facility provided no additional documentation for review at the time of the survey.

Class III

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

Based on facility record review and staff interview, the Provider failed to submit Comprehensive Emergency Management Plan (CEMP) prior to CEMP's review submittal date to ensure time for approval before the CEMP expired.

The findings included:

On _____, a review of the facility's documentation related to the submission of the facility's CEMP to

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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the County Department of Public Safety Division of Emergency Management showed the Plan was submitted for review and approval on The previous year's CEMP expired on The Department of Public Safety Division of Emergency Management's approval letter, dated , advised provider to submit new CEMP by to allow a 60 day review period before the CEMP expired, which was not done. Interview with the Administrator was conducted on 11/08/18 at 2:00 PM. He acknowledged the dates of submission and confirmed the facility's CEMP had not received approval as of the date of survey. He stated the initial submission was rejected, and he received notice by the County dated . Revision must be submitted within 30 days of the date of notice. Class III		