STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968421	**12/20/2018**
NAME OF PROVIDER OR SUPPLIER **ST CLOUD HAVEN II**	STREET ADDRESS, CITY, STATE, ZIP CODE **907 N TAYLOR RD** **BRANDON, FL 33510**	

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

0000 - Initial Comments

Assisted Living Facility

On , an abbreviated biennial relicensure survey was conducted at St. Cloud Haven II (Lic. #12310). Deficiencies were identified during the survey.

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interview, one of three staff sampled (C) who was scheduled to be alone in the facility did not have a currently valid certification in First Aid.

Findings included:

A personnel file review during the survey revealed that Staff C, hired , had no First Aid certification available for review. Interview with the administrator at 1pm on indicated that this employee had recently taken First Aid, but she wasn't sure where the pertinent documentation was filed.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on interview and record review, the administrator had not obtained the 2 hours continuing education in topics related to nutrition/food service in an assisted living facility on an annual basis.

Findings included:

Interview with the administrator at 11am on indicated that she was in charge of the facility's food service.

Although review of the administrator's personnel record found a Food Safety Manager certificate as of , further review of this document found that it had expired . Further review of the administrator's file revealed no subsequent 2 hour training in any topics pertinent to nutrition/food service

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in an assisted living facility (ALF).

Interview with the administrator at 2:15pm on . . . . . verified that she had not taken any subsequent 2 hr. nutrition-related training.

Class III