STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966890	**01/04/2019**
NAME OF PROVIDER OR SUPPLIER **WATER'S EDGE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1500 SW CAPRI ST** **PALM CITY, FL 34990**	

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

0000 - Initial Comments

An unannounced Change of Ownership and Extended Congregate Care monitoring survey was conducted on and at Water's Edge Assisted Living, License #11028 . The facility had a deficiency identified at the time of the survey.

The Emergency Power Plan Assessment was also conducted at this time.

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on employee record review and staff interview, the Provider failed to ensure certificates of required employee trainings were contained in 3 of 3 employee files reviewed (Staff A, B, and C).

The findings included:

Per state regulation, all employees must be issued a training certificate upon succcessful completion of required trainings, and these certificates must be placed in the facility's personel files. The training certificates must include the following information:
a) Title of training program
b) Subject matter of the training
c) Training agenda
d) Number of hourse of the training program
e) Trainee's name, dates of participation, and location of the training program
f) Training provider's name, dated signature, credentials, and professional license number, if applicable

Upon review of the employee files for Staff A, B, and C, training certificates for the state required in-service trainings were not found for the following subject matters:
1) Elopement Training
2) Incident Reporting
3) Emergency Procedures
4) Resident Rights
5) Recognizing and Reporting , Neglect & ,
6) Nutrition & Safe Food Handling
7) Do Not Rescucitate Orders Policy & Procedure

The Provider submitted a print out of all trainings completed by Staff A, B, and C through the facility's Relias Training Program, but list of trainings did not contain all the required documentation listed, namely

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Training Agenda and Training provider's name, dated signature, credentials, and professional license number, if applicable.

On [redacted], the Administrator, Director of Nursing, and Executive Director acknowledged the requirement for printed certificates showing completion of the state required staff in-sevice trainings.

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