

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967486	(X3) DATE SURVEY COMPLETED R 02/13/2019
NAME OF PROVIDER OR SUPPLIER CHALET AT OLD CUTLER (THE) LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7210 SW 148 TERRACE CORAL GABLES, FL 33158	

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

0000 - Initial Comments

A Standard Biennial Revisit survey was conducted on , 13, 2019. The Chalet at Old Cutler, LLC., with a standard license, had the following deficiencies identified at the time of the survey:

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

Based on record review and interview, the facility failed to provide documentation of the required pre-service orientation training for three of five sampled staff (Staff B, C and E) having been completed prior to staff interacting with residents.

Findings included:

Review of personnel records showed Staff B's hire date as , Staff C's hire date as and Staff E's hire date as . The three staffs' records did not show the pre-service orientation training.

On , at 8:45 AM, the administrator stated she was not aware of the policy and said she would speak to the consultant to be in compliance.

Class III

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on record review and interview, the facility failed to provide valid certificates for Nutrition and Food Service training for three of five sampled staff (Staff B, C and E).

Findings included:

Review of all staff records for the facility showed a Nutrition and Food Service training signed by a licensed nutritionist without the trainer's seal which verified, according to the trainer, the certificate's validity.

On , at 8:45 PM, the administrator stated that would speak to the nutrition trainer to get the sealed certificates for the staff.

Class III

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED**

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