

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910054	(X3) DATE SURVEY COMPLETED 03/04/2019
NAME OF PROVIDER OR SUPPLIER SUN TOWERS RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 101 TRINITY LAKES DRIVE SUN CITY CENTER, FL 33573	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated Biennial licensure survey with Extended Congregate Care (ECC) was conducted on

The Sun Towers Retirement Community, Assisted Living Facility /License #4991, had deficiencies at the time of this visit.

An amended Statement of Deficiencies was issued

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

Based on record review and interview, the facility failed to ensure that 3 (Staff A, B and C) of 3 employees who provide direct care to the residents had the required in-service training to perform their duties prior to interacting with residents and within 30 days of hire.

Findings included:

An employee record review was conducted for Staff A on , hired as a Certified Nursing Assistant with a date of hire of . Staff A's record did not include documentation of a Preservice Orientation of at least 2 hours to all new assisted living facility employees prior to interacting with residents within 30 days of hire.

An employee record review was conducted for Staff B on , hired as a Resident Assistant with a hire date of . Staff B's record did not include documentation of a Preservice Orientation of at least 2 hours to all new assisted living facility employees prior to interacting with residents or documentation of having 3 hours of Activities of Daily Living and Behavioral Needs training within 30 days of hire.

An employee record review was conducted for Staff C on , hired as a Resident Assistant with a hire date of . Staff C's record did not include documentation of a Preservice Orientation of at least 2 hours to all new assisted living facility employees prior to interacting with residents or documentation of having 3 hours of Activities of Daily Living and Behavioral Needs training within 30 days of hire.

During an interview conducted on at 3:08pm, the Director of Human Resources acknowledged and confirmed the lack of training documentation for Staff A, B and C. The Director of Human Resources

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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stated regarding the Preservice Orientation "I didn't know about the Preservice." and stated regarding the other trainings "I don't have the certificates." Class III 0090 - Training - - 58A-5.0191(11) FAC Based on record review and interview the facility failed to ensure that 3 (Staff A, B and C) of 3 employees who provide direct care to residents had completed the required 1 hour training related to the facility's () Policy and Procedure within 30 days of hire. Findings included: An employee record review was conducted for Staff A on , hired as a Certified Nursing Assistant with a date of hire of . Staff A's record did not include documentation of having completed 1 hour of training related to the facility's Policy and Procedure within 30 days of hire. An employee record review was conducted for Staff B on , hired as a Resident Assistant with a date of hire of . Staff B's record did not include documentation of having completed 1 hour of training related to the facility's Policy and Procedure within 30 days of hire. An employee record review was conducted for Staff C on , hired as a Resident Assistant with a date of hire of . Staff C's record did not include documentation of having completed 1 hour of training related to the facility's Policy and Procedure within 30 days of hire. During an interview conducted on at 3:08pm, the Director of Human Resources acknowledged and confirmed that lack of training documentation of having completed 1 hour of training related to the facility's Policy and Procedure within 30 days of hire for Staff A, B and C. The Director of Human Resources stated "I don't have the certificates." Class III		