STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966091	**02/11/2019**
NAME OF PROVIDER OR SUPPLIER **JACARANDA TRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3600 WILLIAM PENN WAY** **VENICE, FL 34293**	

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

0000 - Initial Comments

An unannounced abbreviated relicensure and extended congregate care survey was conducted at Jacaranda Trace, an assisted living facility (license #10358) in Venice, Florida.

The following is description of the deficiencies.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that within 30 days of employment newly hired staff submit a written statement from a health care provider documenting the individual does not have any signs or symptoms of communicable for 1 (Staff C) of 3 direct care staff reviewed.

The findings included:

Staff C was hired as a resident aide. Staff C's file contained no current statement from a health care provider stating they had no signs or symptoms of communicable .

On at 3:30 p.m., the Admnistrator said she thought the negative X-ray in the file would have been the documentation.

Class III

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

Based on record review and interview the facility failed provide at least a 2 hour pre-service orientation prior to interacting with residents for 2 (Staff B and C) of 2 staff reviewed hired after .

The findings included:

Staff B was hired as a certified nurse assistant on . Staff B's file contained no documentation of having received a 2 hour pre-service orientation.

Staff C was hired as a resident aide on . Staff C's file contained no documentation of having received a 2 hour pre-service orientation.

On at 3:30 p.m., the Administrator said she had not been aware of the new regulation.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966091	02/11/2019
NAME OF PROVIDER OR SUPPLIER **JACARANDA TRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3600 WILLIAM PENN WAY** **VENICE, FL 34293**	

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

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure facility employees complete at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment, and maintain documentation of completion for 1 (Staff C) of 3 direct care employee files reviewed.

The findings included:

Staff C was hired as a resident aide on . Staff C's file contained no documentation of having received training in the facilities policies and procedures regarding .

On at 3:30 p.m., the Administrator said there had been some staffing changes and they were having a hard time finding all the files.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to develop written policies and procedures to ensure the facility can effectively and immediately operate and maintain the alternate power source. No instruction for fueling required for the operation of the alternate power source. The facility also failed to notify each resident/resident representative in writing of implementation of the plan.

The findings included:

On at 12:14 p.m., the Director of Plant Operations said as far as he was aware, there were no written policies & procedure for staff and said there was supposed to be a training regarding this later in the month.

On at 1:45 p.m., the Administrator said there were currently no policies & procedures for operating the generator, nor had they sent a letter notifying the residents and/or legal representative the plan had been implemented on .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966091	**02/11/2019**
NAME OF PROVIDER OR SUPPLIER **JACARANDA TRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3600 WILLIAM PENN WAY** **VENICE, FL 34293**	

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

E210 - ECC - Training - 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure all direct care staff providing care to residents in an extended congregate care (ECC) program complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility for 1 (Staff B) of 3 direct care staff reviewed.

The findings included:

Staff B was hired as a certified nurses assistant on . . . . Staff B's file contained no documentation of having completed ECC in-service training.

On at 3:30 p.m., the Administrator said she felt Staff B had the training and didn't know why the documentation wasn't in the file.

Class III