

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/24/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969196	(X3) DATE SURVEY COMPLETED 04/10/2019
NAME OF PROVIDER OR SUPPLIER NENA'S ON THE LAKE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8140 NW 47TH CT FORT LAUDERDALE, FL 33351	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Relicensure survey was conducted on _____ at Nena's On The Lake, LLC, License #13028. The facility had deficiencies at the time of the survey. 0081 - Training - Staff In-Service - 58A-5.0191() FAC Based on employee record review and staff interviews, the facility failed to ensure 1 of 2 sampled direct care staff (Staff B) received the required 1 hour in-service trainings in the file within 30 days of hire. The findings included: On _____, employee record review for Staff B (hire date _____) revealed no documentation in the file, or provided by administration showing the following required 1 hour in-service training's completed within 30 days of hire: a) The Pre-Service Orientation (2 hours) b) _____ control training c) Elopement response training d) Emergency preparedness & Evacuation training e) Incident reporting training f) Resident rights training g) Recognizing/ Reporting _____, Neglect & _____ training h) Nutritional & Safe Food Handling i) _____ Polices & Procedures training During an interview with the Administrator on _____ at 2:00 PM the findings were discussed, and acknowledged by both staff, no further documentation was provided for review. Class III 0083 - Training - First Aid and _____ - 58A-5.0191(5) FAC		

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Based on observations and interviews, the facility failed to ensure that all staff that provide direct care to residents maintained active certification in First Aid as required for at least one staff member that is present in the facility at all times, for 2 of 2 sampled Staff (A and B). The findings included: On _____, employee record reviews for Staff A (hire date _____), and Staff B (Hire date _____) revealed no documentation contained within the employee file, or provided by Administration, showing completion of current First Aid training. Review of the staffing schedule posted on the wall inside the facility revealed that Staff A works from 7am to 7 pm Monday through Sunday and that Staff B also works Monday through Sunday from 7 pm to 7 am. Both Staff members work alone throughout the duration of their shifts at the facility. During an interview with Staff A and the Administrator on _____ at 3:50 pm, the Administrator was informed that the BLS training does not include First Aid training. The BLS card was handed to both Staff for review in which it stated _____ and _____. The findings were discussed and acknowledged, no further documentation was provided for review. Class III 0090 - Training - _____ - 58A-5.0191(11) FAC Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff B), who provides direct care to residents, had received one (1) hour of training in the facility's policies and procedures regarding _____ (_____'s) within 30 days of employment. The findings included: Review of the personnel file for Staff B (hire date: _____), who provides direct care to residents revealed there was no documentation of the required 1 hour in-service training in _____ within 30 days of employment. During an interview with the Administrator at 2:00 PM on _____, the opportunity was given to locate		

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the documentation, and no additional documentation was provided. The findings were discussed, and acknowledged, no additional information was provided for review. Class III		