STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964507	**03/07/2019**
NAME OF PROVIDER OR SUPPLIER **AUTUMN HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7999 SPYGLASS HILL ROAD** **VIERA, FL 32940**	

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

0000 - Initial Comments

A Complaint investigation #2018016410 was conducted on . . . . . Autumn House, license #9049, had deficiencies at the time of the investigation.

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

Based on personnel record review and interview, the facility failed to provide training to 3 of 6 sampled staff (A, C and F) covering the facility's policies and procedures regarding recognizing and reporting and neglect to all direct care employees within 30 days of hire as required by 58A-5.0191(2) FAC.

Findings:

1. Review of the personnel record for staff A (former caregiver, hired) revealed he had received . . . . . training, but through an online provider. The training did not cover the facility's policies and procedures as required.

2. Review of the personnel record for staff C (caregiver, hired) revealed she had received training, but through an online provider. The training did not cover the facility's policies and procedures as required.

3. Review of the personnel record for staff F (nurse, hired) revealed she had received training, but through a previous employer. There was no evidence of training in this facility as required.

On at 4:10 PM, the administrator confirmed not all employees had received the facility based training for & neglect.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that all training certificates met the requirements as specified in 58A-5.0191(12) FAC for 3 of 6 sampled staff (E, F).

Findings:

Thirty five (35) staff received an update in-service for recognizing and reporting and neglect.

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

According to the signatures on the staff sign-in sheets, 35 staff members participated on , , and . Refresher training was provided by the administrator.

Review of the personnel records for staff B, D & E did not reveal certificates for the training on .

On at 4:15PM, the administrator confirmed she was unable to locate certificates for the training provided in , .

Class

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on facility record review and interview, the facility failed to, within five (5) business days, notify each resident and the resident's legal representative in writing when the plan was submitted to the county Office of Emergency Management (OEM) for review and approval as required by 58A-5.036 FAC.

Findings:

Review of the facility Emergency Management Plan and Emergency Power Plan records did not find documentation or a letter informing the resident and their responsible parties of the submission of the plan to the county OEM.

On at 4:30 PM the administrator said she had spoken to the residents, but she had not sent letters out to all of the residents/families informing them of the Emergency Power Plan submission and approval.

Class III