

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/23/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968663	(X3) DATE SURVEY COMPLETED 05/07/2019
NAME OF PROVIDER OR SUPPLIER SEASONS BELLEAIR	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 PONCE DE LEON DRIVE BELLEAIR, FL 33756	

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

0000 - Initial Comments

A Complaint Survey (complaint numbers 2019003713, 2019004575, and 2019003989) was conducted at Seasons Belleair on Deficiencies were identified at the time of survey.

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

Based on record review and interview the facility failed to provide pre-service orientation of at least 2 hours to all new assisted living staff who had not previously completed core training for 5 (Staff A, Staff B, Staff C, Staff E and Staff F) of 6 sampled direct care staff. This orientation must be done prior to interacting with residents.

Findings included:

Record review on of the personnel files for Staff A, Staff B, Staff C, Staff E and Staff F revealed there was no documentation showing they had completed the pre-service orientation prior to interacting with residents.

Based on record review and interview the facility failed to provide within 30 days of hire the following trainings for 4 (Staff A, Staff B, Staff E and Staff F) of 6 sampled direct care staff :

Staff A: Date of Hire was Staff B: Date of Hire was Staff E: Date of Hire was
Staff F: Date of Hire was

Record review on of the personnel files for Staff A, Staff B, Staff E and Staff F revealed they did not have documentation in their personnel files revealing they had taken a minimum of 1 hour control training before interacting with residents.

Record review on of the personnel files for Staff A, Staff B, Staff E and Staff F revealed they did not have documentation in their personnel files revealing they had received a minimum of 1 hour in-service training within thirty days of hire that covers the following subjects:

Reporting adverse incidents.

Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/23/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968663	(X3) DATE SURVEY COMPLETED 05/07/2019
NAME OF PROVIDER OR SUPPLIER SEASONS BELLEAIR	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 PONCE DE LEON DRIVE BELLEAIR, FL 33756	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Resident rights in an assisted living facility. Recognizing and reporting resident, neglect, and The facility must use its prevention policies and procedures when offering this training. Staff who provide direct care to residents must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: Resident behavior and needs. Providing assistance with the activities of daily living. Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. An interview was conducted with the Human Resource Director on at 1:15 pm, she stated she had audited the trainings of Staff A, Staff B, Staff C, Staff E and Staff F and found that they had not received all of their required trainings. Class III 0082 - Training - / - 58A-5.0191(4) FAC Based on record review and interview the facility failed to provide a one time education course on the () and the () for 4 (Staff A, Staff B, Staff E and Staff F) of 6 sampled direct care staff. Findings included: Record review on of the personnel files for Staff A, Staff B, Staff E and Staff F revealed there was no documentation showing the / training had been done within 30 days of hire. Staff A: Date of Hire was Staff B: Date of Hire was Staff E: Date of Hire was Staff F: Date of Hire was During an interview conducted with the Human Resource Director on at 1:15 pm, she stated she had audited the trainings of Staff A, Staff B, Staff E and Staff F and found that they had not received all of their required training.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/23/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968663	(X3) DATE SURVEY COMPLETED 05/07/2019
NAME OF PROVIDER OR SUPPLIER SEASONS BELLEAIR	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 PONCE DE LEON DRIVE BELLEAIR, FL 33756	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Class III 0086 - Training - ADRD - 58A-5.0191(10) FAC Based on observation, record review and interview the facility failed to provide 's and Related (ADRD) for 3(Staff A, Staff E, Staff F) of 6 sampled direct care staff. Findings included: Observation of the facility on revealed it was a secured facility. Since the facility does maintain secured areas the facility staff must receive 4 hours of initial training entitled " and Related Level I Training within 3 months of employment if they interact on a daily basis with residents. Also staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Record review on of the personnel files for Staff A, Staff E and Staff F revealed there was no documentation in their files which showed they had completed the 's and Related Level I Training within 3 months of employment. Staff A: Date of Hire was and Staff E: Date of Hire was and Staff F: Date of Hire was Record review on of the personnel file for Staff E revealed there was no documentation in her file which showed she had completed the 's and Related Level II Training within 9 months of employment. Staff E: Date of Hire was The Human Resource Director stated on at 1:15 pm that she had audited the trainings of Staff A, Staff E and Staff F and found that they had not received all of their required training. Class III 0090 - Training - - 58A-5.0191(11) FAC Based on record review and interview, the facility failed to provide at least one hour of training in the facility's policies and procedures regarding () for 4 (Staff A, Staff B, Staff E, Staff F) of 6 sampled direct care staff. This training must be completed within 30 days of hire. Findings included:		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/23/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968663	(X3) DATE SURVEY COMPLETED 05/07/2019
NAME OF PROVIDER OR SUPPLIER SEASONS BELLEAIR	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 PONCE DE LEON DRIVE BELLEAIR, FL 33756	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Record review on _____ of the personnel files for Staff A, Staff B, Staff E and Staff F revealed there was no documentation in their files to show that had completed the _____ training within 30 days of hire. Staff A: Date of Hire was _____ . Staff B: Date of Hire was _____ . Staff E: Date of Hire was _____ . Staff F: Date of Hire was _____ . The Human Resource Director stated on _____ at 1:15 pm that she had audited the trainings of Staff A, Staff B, Staff E and Staff F and found that they had not received all of their required training. Class III		