STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953595	05/16/2019
NAME OF PROVIDER OR SUPPLIER **ADDINGTON PLACE AT COLLEGE HARBOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **4600 54TH AVENUE, SOUTH** **SAINT PETERSBURG, FL 33711**	

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

0000 - Initial Comments

A re-licensure survey was conducted at Addington Place at College Harbor (Assisted Living Facility) on . . . . The provider had deficiencies at the time of the visit.

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

Based on record review and interview, the facility failed to ensure that 3 of 3 employees (Staff A, Staff B, and Staff C) of facility with 73 residents received a minimum of 1 hour in-service training within 30 days of employment that covers reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. The facility also failed to ensure that 3 of 3 employees reviewed (Staff A, Staff B, and Staff C) received in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.

Findings included:

Employee Record reviews conducted at the facility on . . . . beginning at 10:00am revealed the following:

Staff A was hired as a Resident Aide/Medication Tech on . Staff A's file contained the following certificates: .50 hour of computer training entitled "Adverse Incidents-FL;" . . . . computer training entitled "Fire Safety Essentials;" 1.5 hour computer training entitled "Emergency Preparedness for Healthcare Providers;" and a 1 hour computer training entitled "Disaster Preparedness for Senior Care Facilities" (photographic evidence obtained). There was no evidence of training in the facility's emergency policies and procedures, including chain-of-command and staff roles relating to emergency evacuation, in Staff A's file.

Staff B was hired as a Certified Nursing Assistant/Medication Tech on . Staff B's file contained a certificate for 1 hour computer training entitled "Disaster Preparedness for Senior Care Facilities" (photographic evidence obtained). There was no evidence of training in the facility's emergency policies and procedures, including chain-of-command and staff roles relating to emergency evacuation, in Staff B's file.

Staff C was hired as a Resident Aide/Medication Tech on . Staff C's file contained a certificate for 1 hour computer training entitled "Disaster Preparedness for Senior Care Facilities" (photographic evidence obtained). There was no evidence of training in the facility's emergency policies and procedures, including chain-of-command and staff roles relating to emergency evacuation, in Staff C's

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ADDINGTON PLACE AT COLLEGE HARBOR	**4600 54TH AVENUE, SOUTH SAINT PETERSBURG, FL 33711**

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

file.

Staff A, Staff B, and Staff C employee records also each contained a certificate for 1-hour computer training entitled "Elopement" (photographic evidence obtained). There was no evidence that Staff A, Staff B, and Staff C received in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.

Following discussion of the above in-service training requirements on at 5:45pm, the Administrator acknowledged that the computerized training does not include the required facility-specific training.

Class III

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

Based on record review and interview, the facility failed to ensure that 3 of 3 employees who provide 73 current residents personal care services (Staff A, Staff B, and Staff C) receive at least one hour of training in the facility's policy and procedures regarding ( ).

Findings included:

Employee Record reviews conducted at the facility on beginning at 10:00am revealed the following:

Staff A was hired as a Resident Aide/Medication Tech on . There was no evidence of training in the facility's policy and procedures regarding ( ) in Staff A's file.

Staff B was hired as a Certified Nursing Assistant/Medication Tech on . Staff B's file contained a certificate stating: Staff B (name) completed training on for 1 credit hour. No other information was provided. There was no evidence of training in the facility's policy and procedures regarding ( ) in Staff B's file.

Staff C was hired as a Resident Aide/Medication Tech on . Staff C's file contained a certificate stating: Staff C (name) completed training on for 1 credit hour. No other information was provided. There was no evidence of training in the facility's policy and procedures regarding ( ) in Staff C's file.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953595	**05/16/2019**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

On at 5:45pm, the Administrator stated that staff are required to take the training on the computer. Following discussion of facility-specific training requirements, the Administrator acknowledged that the computerized training does not include the required facility-specific training.

Class III