STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966055	**05/20/2019**
NAME OF PROVIDER OR SUPPLIER **ALLEGRO AT EAST LAKE LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1755 EAST LAKE ROAD** **TARPON SPRINGS, FL 34688**	

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

0000 - Initial Comments

A re-licensure survey with limited nursing services (LNS) was conducted at Allegro at East Lake, LLC (The) 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 direct care staff were trained on the facility emergency procedures and assisting residents with activities of daily living (ADLs) for 1 of 3 care staff whose records were reviewed (Staff C).

Findings Included:

A review of Staff C's training record was conducted on . Staff C began working at the facility on . . as a resident caregiver. The record revealed that Staff C was missing evidence of having completed 3 hours of ADL training within 30 days of employment with the facility. Staff C's record showed 1 hour of ADL training on . . and 1 hour of ADL training on . . . At 4:25pm on , the Administrator stated that Staff C only had 2 hours of ADL training, not the required 3 hours, due to a glitch in the computerized training system.

Staff C's record further revealed that there was no evidence of receiving any training on the facility's emergency procedures. At 4:20pm on , the Business Office Manager stated that they were unable to find any evidence that Staff C received the required emergency procedure training.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to provide proof that a staff member that had completed a course in first aid and held a currently valid card documenting completion of the course (First Aid Card) was in the facility at all times.

Findings included:

A review of the direct care staffing schedule for the current week conducted on showed that Staff A worked the 7 AM- 3 PM shift, Staff B worked the 3 PM- 11 PM shift, and Staff C worked the 11 PM-7 AM shift. A review of employee records for Staff A, Staff B, and Staff C showed no First Aid Cards.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966055	**05/20/2019**
NAME OF PROVIDER OR SUPPLIER **ALLEGRO AT EAST LAKE LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1755 EAST LAKE ROAD** **TARPON SPRINGS, FL 34688**	

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

An interview was conducted with the business office manager (BOM) beginning at 4:06 PM on . The BOM was asked to provide proof that there was a staff member on all shifts that had a First Aid Card. The BOM stated that a nurse was present in the facility beginning at 8 AM daily. There was no proof presented that a licensed nurse was present in the building from 11 PM- 8 AM. The BOM stated that they were unable to provide proof that there was a staff member in the building at all times that had first aid training and possessed a First Aid Card.

Class III

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

Based on record review and interview, the facility failed to provide proof that, within 30 days of employment, staff had received at least one hour of training in the facility's policies and procedures regarding (Training) for four (Administrator, Staff A, Staff B, and Staff C) of four employee records sampled.

Findings included:

A review of employee records conducted on showed that the Administrator was hired on , Staff A was hired on , Staff B was hired on , and Staff C was hired on . A review of the Administrator's record showed no proof of Training. A review of Staff A, Staff B, and Staff C's records showed no proof of a minimum of one hour of Training.

An interview was conducted with the Administrator and business office manager (BOM) at 4:06 PM on concerning a lack of proof of Training for the Administrator and lack of proof of a full hour of Training for Staff A, Staff B, and Staff C. The Administrator and BOM did not provide further proof of the required training.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to ensure that their emergency environmental control plan (EECP) was implemented and a sufficient alternate power source was maintained with the required amount of fuel stored onsite.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966055	**05/20/2019**
NAME OF PROVIDER OR SUPPLIER **ALLEGRO AT EAST LAKE LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1755 EAST LAKE ROAD** **TARPON SPRINGS, FL 34688**	

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

An interview was conducted with the Administrator and Maintenance Director beginning at 1:26 PM on concerning the facility's EECP. The Administrator stated that the facility's EECP had not been implemented. The Maintenance Director stated that the alternate power source had not yet been installed and there was no fuel on the premises to operate an alternate power source.

Class III