STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965351	**05/24/2019**
NAME OF PROVIDER OR SUPPLIER **ATRIA LUTZ**	STREET ADDRESS, CITY, STATE, ZIP CODE **414 CHAPMAN ROAD EAST** **LUTZ, FL 33549**	

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

0000 - Initial Comments

An abbreviated biennial re-licensure survey was conducted at the Atria Lutz on . . . . . Deficiencies were identified at the time of survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on records review and interview, the facility failed to ensure that staff members did not have have any signs or symptoms of communicable . . . . . for 1 of 4 staff, whose records were reviewed (the Administrator).

Findings Included:

A record review on revealed that the Administrator did not have a written statement from a health care provider that an examination had been performed and there were no signs or symptoms of communicable .

In an interview with the Administrator and the Business Office Manager at 1:45pm on , they stated they would look for a document stating that the Administrator was free of communicable . . . . . At 2:15pm, the same day, the Administrator stated they were unable to locate a statement from a health care provider affirming that the Administrator showed no signs or symptoms of communicable . . . . . .

Class III

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

Based on record review and interview, the facility failed to provide in-service training to facility staff for 2 of 3 direct care staff members, whose records were reviewed (Staff B and C).

Findings Included:

A review of Staff B and Staff C's records was conducted on . . . . . Staff B began employment with the facility on and was identified, by job description, as a medication technician. Staff C began employment with the facility on . . . . . and was also identified, by job description, as a medication technician. Both Staff B and Staff C were listed on the facility's direct care staffing schedule for the week of . . . . . - . . . . . Neither Staff B nor Staff C had documented evidence of having received training on reporting adverse incidents or facility emergency procedures.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965351	**05/24/2019**
NAME OF PROVIDER OR SUPPLIER **ATRIA LUTZ**	STREET ADDRESS, CITY, STATE, ZIP CODE **414 CHAPMAN ROAD EAST** **LUTZ, FL 33549**	

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

In an interview with the Business Office Manager at 2:00pm, the Business Office Manager offered to try to find documentation that Staff B and Staff C had received the required in-service training. At 2:30pm the Business Office Manager stated the facility was unable to locate such documentation and they could not be sure that Staff B and Staff C had received training on reporting adverse incidents and the facility's emergency procedures.

Class III