STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965480	**07/29/2019**
NAME OF PROVIDER OR SUPPLIER **SPRING HILLS HUNTER'S CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **3800 TOWN CENTER BLVD.** **ORLANDO, FL 32837**	

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

0000 - Initial Comments

A monitoring for Limited Nursing Services (LNS) survey was conducted at Spring Hills Hunter's Creek 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 ensure 1 of 3 sampled staff (B) received at least a 2-hour preservice orientation prior to interacting with residents and required in-service training for 2 of 3 staff (B and C).

Findings:

Review of the facility's staff schedule for the week revealed staff B was assigned to work the 2 PM to 10 PM shift.

Personnel record review for staff B hired on and was a caregiver revealed no evidence she received at least a 2-hour preservice orientation that covered Resident's Rights, d the facility's license type and services offered by the facility, prior to interacting with residents. There was no evidence she attended CORE training and was therefore exempt from this requirement. A certificate dated indicated a 1-hour in-service regarding incident reporting. There was no evidence to confirm the staff received an in-service training regarding facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

Personnel record review for staff C hired on and was a caregiver revealed no evidence she received an in-service training regarding facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

In an interview with the administrator on at 3:30 PM who confirmed the findings.

Class III