

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/23/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969459	(X3) DATE SURVEY COMPLETED 07/29/2019
NAME OF PROVIDER OR SUPPLIER SAGE PARK OSCEOLA ASSISTED LIVING AND	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 BALL PARK RD KISSIMMEE, FL 34741	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Limited Nursing Services (LNS) monitoring was conducted at Sage Park Osceola Assisted Living and Memory Care on Deficiencies were identified at the time of survey. 0081 - Training - Staff In-Service - 58A-5.0191() FAC Based on records review and interview the facility failed to ensure 4 of 3 sampled staff (A, B, C & D) received at least a 2-hour preservice orientation prior to interacting with residents. Findings: Review of the facility's staff schedule for revealed staff A worked 7 AM to 3 PM shift; staff B worked from . . . and staff C from . . . AM. Personnel record review revealed Staff A was hired on and was caregiver. Staff B was hired on and was caregiver. Staff C was hired on and was caregiver. Staff D was hired on and was a Registered Nurse. The continued review revealed no evidence to confirm the staff received at least a 2-hour preservice orientation that covered Resident's Rights, facility and the facility's license type and services offered by the facility, prior to interacting with residents. There was no evidence that either staff attended CORE training and was therefore exempt from this requirement. In an interview with the Executive Director administrator on at 12:30 PM who said she was not aware of a preservice requirement; the staff did not receive the training. Class III 0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC Based personnel record review and interview, the facility failed to maintain personnel records for 1 of 4 sampled staff (D) which contained, at a minimum, an application with references.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/23/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969459	(X3) DATE SURVEY COMPLETED 07/29/2019
NAME OF PROVIDER OR SUPPLIER SAGE PARK OSCEOLA ASSISTED LIVING AND	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 BALL PARK RD KISSIMMEE, FL 34741	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Findings: Personnel record review for staff D hired on and was a Registered Nurse revealed no evidence of a copy of the employment application, with references furnished. In an interview with the Executive Director administrator on at 12:30 PM who said the nurse filled out an application, but she was unable to locate it. Class III		