Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965336	A. BUILDING: _____ B. WING _____	09/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COVE AT MARSH LANDING	1700 THE GREENS WAY JACKSONVILLE BEACH, FL 32250

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On , , a Change of Ownership survey, in conjunction with an initial Extended Congregate Care monitoring and complaint survey (complaint investigation #2019012856) was conducted at The Cove at Marsh Landing. Deficient practice was identified at the time of the survey.	A 000		
A 091	58A-5.0191(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements.	A 091		

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A 091	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on review of records and interviews the facility failed to ensure that 3 of 3 sampled employees files contained the required documentation of completed mandatory trainings (Staff A,B, and C). Findings include: A review of employment records revealed that Staff A was employed . . . . . Staff A's employment record revealed no documentation that Staff A completed mandatory training in elopement, facility emergency procedures, activities of daily living and behavioral needs and incident reporting. A review of employment records revealed that Staff B was employed . . . . . Staff B's employment record revealed no documentation that Staff B completed mandatory training in activities of daily living and behavioral needs and incident report writing. A review of employment records revealed that Staff C was employed . A review of Staff C's employment record revealed no documentation that Staff C completed mandatory training in elopement, facility emergency procedures, activities of daily living and behavioral needs and . . . . control and resident rights, , and . training. On . . . . . at 4:30pm, the Administrator stated that during the change of ownership, the staff training files had been misplaced.	A 091		

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A 091	Continued From page 2 CLASS III	A 091		