

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964825	(X3) DATE SURVEY COMPLETED 03/12/2019
NAME OF PROVIDER OR SUPPLIER SUNSET LAKE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1121 JACARANDA BLVD VENICE, FL 34292	

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

0000 - Initial Comments

An unannounced biennial, limited nursing services, and emergency power plan monitoring survey was conducted on until at Sunset Lake Village, an assisted living facility (license #9325) located in Venice, Florida.

The following is a description of the deficiencies identified.

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

Based on record review and staff interview, the facility failed to ensure a current annual freedom from () statement was documented for 1 (Staff C) of 4 staff sampled. This has the potential for spread of a communicable

The findings included:

On record review revealed the last documented evidence of freedom from statement for Medication Technician Staff C was on

On at 10:24 a.m., in an interview, the facility Executive Director confirmed the absence of a current annual freedom of statement for Medication Technician Staff C.

Class III

0086 - Training - ADRD - 58A-5.0191(10) FAC

Based on record review and staff interview, the facility failed to ensure completion of level 1 training for 2 (Staff A and E) of 4 staff reviewed for required trainings.

The findings included:

On at 9:30 a.m., observation revealed a secured memory care unit located at the facility.

On record review revealed a date of hire for Medication Technician Staff A of 11/2/18. Further review revealed no documented evidence of completion of level 1 training.

On record review revealed a date of hire for Executive Director Staff E of Further

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review revealed no documented evidence of completion of level 1 training.

On at approximately 2:00 p.m., the facility Executive Director confirmed there was no documented evidence of completion of level 1 training for herself or Staff A.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and staff interview the facility failed to ensure training certificates were issued and/or contained the required documentation for 3 (Staff A, B, and C) of 3 staff records reviewed.

The findings included:

On at approximately 12:30 p.m., record review of Medication Technician Staff A's file revealed a signed Associate Preservice Orientation Acknowledgement dated 11/2/18. The acknowledgement noted Staff A received training in Resident's Rights, Neglect and , Elopement Policies and Procedures, Borne Control, / , Hazard Communication, Investigating Employee Accidents, Emergencies and Disasters, Safe Food Handling, Adverse Incident Reporting and . There was no evidence of training certificates for these trainings and this was confirmed at the time of review by the Facility Memory Care Program Director.

On at approximately 12:40 p.m., record review of Activities Director Staff B's file revealed training certificates for Preventing, Recognizing and Reporting , Basic, Activities of Daily Living Part 1 and OSHA- Borne , did not document the training program agenda, the number of hours of the training program, location of the training program, the training provider's name, dated signature and credentials and professional license number if applicable. This was confirmed at the time of the review by the facility Memory Care Program Manager.

On at approximately 12:50 p.m., record review of Medication Technician Staff C's file revealed training certificates for Preventing, Recognizing and Reporting , Basic, and Safe Food Handling did not document the training program agenda, the number of hours of the training program, location of the training program, the training provider's name, dated signature and credentials and professional license number if applicable. This was confirmed at the time of the review by the facility Memory Care Program Manager.

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0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and staff interview, the facility failed to ensure compliance with the Emergency Environmental Control Plan (EPP) for assisted living facilities. This has the potential to lead to serious consequences in the event of an emergency.

The findings included:

On _____, record review revealed the facility did not have readily available a copy of the Emergency Power Plan. There was no evidence of policies and procedures in place to address wellness checks by facility staff to monitor for _____ and heat injury or a provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy in the event of a power failure. In addition, there was no documented evidence the facility notified the residents or representatives the EPP had been submitted to the county. There was no evidence the facility had implemented the EPP.

On _____ at approximately 1:00 p.m., the Executive Director confirmed the facility did not have a copy of the EPP readily available and that the policies and procedures did not address wellness checks by facility staff to monitor for _____ and heat injury or a provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy in the event of a power failure. She was unable to say whether the facility had implemented the EPP or whether the facility notified the residents or resident's representatives when the EPP was submitted to the county.

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and staff interview, the facility failed to ensure initial employment was reported on the facility roster within 10 days of employment as required for 2 (Staff A and D) of 5 staff sampled. Employees not on the roster could enable ineligible persons to continue to have access to residents.

The findings included:

On [redacted], record review revealed a date of hire for Medication Technician Staff A was 11/2/18. Review of the AHCA employee roster on [redacted] revealed Staff A was added to the employee roster on [redacted], 26 days after hire.

On [redacted], record review revealed a date of hire for Health and Wellness Director Staff D was [redacted]. Review of the AHCA employee roster on [redacted] revealed Staff E was added to the employee roster on [redacted], 13 days after hire.

On [redacted] at 2:12 p.m., the facility the Executive Director acknowledged Staff A and D had not been added to the AHCA clearing house roster within 10 days of employment as required by regulation.

Unclassified.

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview, the facility failed to ensure all staff had a background screening after a 90 day break in service for 1 (Staff E) of 5 staff reviewed.

The findings included:

Record review for Staff D revealed a hire date of [redacted] as a registered nurse/wellness director. The Agency for Health Care Administration screening clearing house indicated Staff E was eligible to work on [redacted]. Staff D's work history indicated she had not worked since [redacted].

On [redacted] at 10:00 a.m., the Executive Director confirmed Staff E had taken a hiatus of over 90 days before hire and had been in contact with residents.

Unclassified