Agency fr	or Health Care Adminis	tration				: 05/09/2023 APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		AL11965578	B. WING		04/2	7/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
WINDSOR	, THE		TH AVENUE, WEST NTON, FL 34207			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFIGIENCY)		(X5) COMPLETE DATE
	monitoring survey was continued to the continued of survey. 429.52(1 & 7) FS; 59 Staff In-Service 429.52(1) (1) Each new assiste who has not previous must attend a presenthe facility before integrees revice orientation und cover to provide responsible conects of facility results of facility results of a facility and the admust sign a statemen completed the require	ed preservice orientation. the signed statement in the	A 000			
		participate in inservice				

living facility employees who have not previously completed core training as detailed in subsection

training course. 59A-36.011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single

(2) STAFF PRESERVICE ORIENTATION.
 (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted.

(X6) DATE

TITLE

PRINTED: 05/09/2023 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B MING AL11965578 04/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2800 60TH AVENUE, WEST WINDSOR, THE BRADENTON, FL 34207 (X433F) SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 081 Continued From page 1 A 081 (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and. 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING, Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents. other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of

29 CFR 1910.1030, relating to , may be used to meet this

(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers

requirement.

the following subjects: Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to

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Agency f	or Health Care Adminis	tration				: 05/09/2023 APPROVE
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		AL11965578	B. WING		04/27/2023	
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A 081	Continued From page	2	A 081			
	have not taken the co- ceceive a minimum of within 30 days of emp following subjects: 1. Resident rights in a 2. Recognizing and re reglect, and prevention plot offering this training. (d) Staff who provide other than nurses, Ch trained in accordance F.A.C., must receive s within 30 days of emp following subjects: 1. Resident behavior. 2. Providing assistant living. (e) Staff who prepare taken the assisted livi receive a minimum of within 30 days of emp handling practices. (f) All facility staff lacility staff response policies and caparding the facility's response policies and (30) days of employm	direct care to residents, who re training program, shall 1 hour in-service training loyment that covers the in assisted living facility. prorting resident				

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and procedures.

the facility's resident elopement response policies

2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.

Agency f	or Health Care Adminis	tration			PRINTED: 05/ FORM APF	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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			NTON, FL 34207			
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A 081	Continued From page	3	A 081		And the Annual Property of the Annual Propert	
	Based on record reviving all the provide or an direct care to resident in-service training with finding included: An employee record of the provided of the p	eview conducted on (Date of Hire (DOH) Control training within 30 eview conducted on Medication Technician vel of (), Nutritional safe food fajor incidents. Reporting Califly Emergency Reporting Training and thin 30 days of hire.				
), Nutritional Safe Food Aajor Incidents, Reporting			de principal de la constanció de la cons	

AHCA Form 3020-0001

Procedures, Incident Reporting Training and Elopement training within 30 days of hire. An interview conducted on

p.m. with the administrator she stated yes the staff is behind in the training website, we have attempted to get the staff in and to take them of the floor to complete the training.

STATE FORM 6550 If continuation sheet 4 of 5 501W11

at 12:15

FORM APPRO							
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