

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965334	(X3) DATE SURVEY COMPLETED 02/25/2019
NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF WINTER SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 WILLA SPRINGS DRIVE WINTER SPRINGS, FL 32708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p>0000 - Initial Comments</p> <p>A Limited Nursing Service (LNS) monitoring visit was conducted on [redacted] Arden Courts of Winter Springs, license #9733, had a deficiency at the time of the visit.</p> <p>0081 - Training - Staff In-Service - 58A-5.0191() FAC</p> <p>Based on personnel record reviews and interview, the facility failed to ensure that 1 of 4 sampled staff (B) received the required in-service training within 30 days of employment.</p> <p>Findings:</p> <p>Caregiver B was hired on [redacted]. Her record did not contain documented evidence to indicate she received the required training on facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.</p> <p>On [redacted] at 12:30 p.m. both the administrator and the administrative services coordinator confirmed the findings and neither could provide additional documentation.</p> <p>Class III</p>		