

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963819	(X3) DATE SURVEY COMPLETED 05/06/2019
NAME OF PROVIDER OR SUPPLIER WOODLANDS VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1055 301 BLVD EAST BRADENTON, FL 34203	

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

0000 - Initial Comments

A Biennial survey was conducted at Woodlands Village 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 that all direct care staff receive the required in-service training within 30 days of employment for 3 of 3 staff members whose records were reviewed (Staff A, Staff B and Staff C).

Findings Included:

A review of Staff A's records on revealed that Staff A began working at the facility on and was on the facility's direct care staffing schedule dated from - The records showed that Staff A's job title was Medication Technician. The review of Staff A's records revealed that Staff A was missing the following required in-service training within 30 days of employment: 1 hour of control training, 3 hours of training in resident behavior and needs and providing assistance with activities of daily living, elopement response policies and procedures, 1 hour of reporting adverse incidents, 1 hour of facility emergency procedures, and 1 hour of resident rights training.

A review of Staff B's records on revealed that Staff B began working at the facility on and was on the facility's direct care staffing schedule dated from - The records showed that Staff B's job title was Medication Technician. The review of Staff B's records revealed that Staff B was missing the following required in-service training within 30 days of employment: 1 hour of control training, 3 hours of training in resident behavior and needs and providing assistance with activities of daily living, 1 hour of reporting adverse incidents, 1 hour of facility emergency procedures, and 1 hour of resident rights training. Staff B did not have the required 2 hour pre-service orientation that should have been given prior to interacting with residents.

A review of Staff C's records on revealed that Staff C began working at the facility on and was on the facility's direct care staffing schedule dated from - The records showed that Staff C's job title was Medication Technician. The review of Staff C's records revealed that Staff C was missing the following required in-service training within 30 days of employment: 3 hours of training in resident behavior and needs and providing assistance with activities of daily living, elopement response policies and procedures, 1 hour of reporting adverse incidents, 1 hour of facility emergency procedures and 1 hour of resident rights training.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963819	(X3) DATE SURVEY COMPLETED 05/06/2019
NAME OF PROVIDER OR SUPPLIER WOODLANDS VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1055 301 BLVD EAST BRADENTON, FL 34203	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p>An interview was conducted with the Administrator at 4:45pm. The Administrator stated that all 3 employees had possibly taken the required training, however the facility had not printed out the training certificates or any other documentation needed to demonstrate that the training had taken place.</p> <p>Class III</p> <p>0082 - Training - / - 58A-5.0191(4) FAC</p> <p>Based on record review and interview, the facility failed to ensure that all facility employees receive an education course on (/), within 30 days of employment, for 2 of 3 staff members whose records were reviewed (Staff B and Staff C).</p> <p>Findings Included:</p> <p>A review of Staff B's records revealed that Staff B began working in the facility on . Staff B's name appeared on the facility's direct care staffing schedule for the period . Staff B's record was missing the required documentation that a course on / had been completed.</p> <p>A review of Staff C's records revealed that Staff C began working in the facility on . Staff C's name appeared on the facility's direct care staffing schedule for the period . Staff C's record was missing the required documentation that a course on / had been completed.</p> <p>An interview was conducted with the Administrator at 4:45pm. The Administrator stated that it was very likely that both employees had taken the required / training, however the facility had not printed out the training certificates needed to demonstrate that the training had taken place.</p> <p>Class III</p> <p>0083 - Training - First Aid and - 58A-5.0191(5) FAC</p> <p>Based on record review and interview, the facility failed to demonstrate that a staff member who had completed courses in First Aid and (), and held a current valid card documenting completion of such courses, was present in the facility at all times.</p> <p>Findings Included:</p>		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963819	(X3) DATE SURVEY COMPLETED 05/06/2019
NAME OF PROVIDER OR SUPPLIER WOODLANDS VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1055 301 BLVD EAST BRADENTON, FL 34203	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p>A review of the facility's records on _____ revealed that Staff A's name appeared on the facility's direct care staffing schedule dated from _____ - _____. Staff A was scheduled to work on the 7:00am - 3:00pm shift. The review of Staff A's records revealed that Staff A did not have a valid card documenting the completion of a course in First Aid and _____.</p> <p>A review of the facility's records on _____ revealed that Staff B's name appeared on the facility's direct care staffing schedule dated from _____ - _____. Staff B was scheduled to work on the 11:00pm - 7:00am shift. The review of Staff B's records revealed that Staff B, while having a valid card documenting the completion of a course in _____, did not have a valid card documenting the completion of a course in First Aid.</p> <p>A review of the facility's records on _____ revealed that Staff C's name appeared on the facility's direct care staffing schedule dated from _____ - _____. Staff C was scheduled to work on the 3:00pm - 11:00pm shift and on the 11:00pm - 7:00am shift. The review of Staff C's records revealed that Staff C did not have a valid card documenting the completion of a course in First Aid and _____.</p> <p>An interview was conducted with the Health and Wellness Director at 3:30pm. The health and Wellness Director stated that Staff A, Staff B and Staff C were always scheduled with another employee that held a current, valid card for completing courses in both _____ and First Aid. The employee's name would have an asterisk (*) after their name on the facility's schedule as the facility's method of marking employees who held a current, valid card for completing courses in both _____ and First Aid.</p> <p>A review of the facility's schedule was then conducted and it was noted that Staff B's name appeared with an asterisk (*) after it (Photographic evidence obtained). Staff B did not have a current valid card indicating completion of a course in First Aid.</p> <p>In another interview with the Health and Wellness Director at 3:45pm, the Health and Wellness Director did not have an explanation for this apparent discrepancy.</p> <p>Class III</p> <p>0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS</p> <p>Based on record review and interview, the facility failed to ensure that unlicensed persons who provide assistance to residents, with the self-administration of medications, complete an annual 2 hours of continuing education training on providing assistance with self-administered medications, and safe medication practices, in an assisted living facility, for 1 of 3 Medication Technicians whose records were</p>		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963819	(X3) DATE SURVEY COMPLETED 05/06/2019
NAME OF PROVIDER OR SUPPLIER WOODLANDS VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1055 301 BLVD EAST BRADENTON, FL 34203	

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

reviewed (Staff A).

Findings Included:

A record review of Staff A's records revealed that Staff A had been working in the facility since Staff A's name appears on the direct care staffing schedule for the weeks of Staff A's job description in the record was entitled Medication Technician. Staff A's record contained a 6 hour training certificate for Medication Assistance dated There were no 2 hour continuing education training certificates, in the record, that would have been required by

In an interview with the Administrator at 3:30pm on, the Administrator was not aware that Staff A did not have the required medication assistance continuing education.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that all direct care staff receive at least 1 hour of training in the facility's policies and procedures regarding (. . . .), within 30 days of employment, for 2 of 3 staff members whose records were reviewed (Staff B and Staff C).

Findings Included:

A review of Staff B's records revealed that Staff B began working in the facility on and had a job description of Medication Technician. Staff B's name appeared on the facility's direct care staffing schedule for the period Staff B's record was missing the required documentation that a course on the facility's policies and procedure regarding had been completed.

A review of Staff C's records revealed that Staff C began working in the facility on and had a job description of Medication Technician. Staff C's name appeared on the facility's direct care staffing schedule for the period Staff C's record was missing the required documentation that a course on the facility's policies and procedure regarding had been completed.

An interview was conducted with the Administrator at 4:45pm. The Administrator stated that it was very likely that both employees had taken the required training, however the facility had not printed out the training certificates needed to demonstrate that the training had taken place.

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963819	(X3) DATE SURVEY COMPLETED 05/06/2019
NAME OF PROVIDER OR SUPPLIER WOODLANDS VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1055 301 BLVD EAST BRADENTON, FL 34203	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p>Class III</p>		