STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968004	01/15/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Allegro At Willoughby, Llc (the)	3400 Se Aster Ln Stuart, FL 34994	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on 14-15, 2015 at The Allegro At Willoughby, LLC. The facility had deficiencies found at the time of the visit.

0086-Training - ADRD 58A-5.0191(9) FAC
Based on record review and an interview, the facility failed to ensure that 1 of 3 sampled staff (Staff B) who have regular contact with or provide direct care to residents with ADRD and Related in this facility that maintained a secured area, had completed 4 hours of initial training Level 1) within 3 months of employment.

The findings include:

The personnel file for Staff B was reviewed for training in ADRD and did not contain documentation of 4 hours of training in ADRD dated within the required timeframe (3 months from the date of hire). The following training was documented and available for review:

Record review revealed Staff B date of hire as Further review revealed 3.25 hours of training completed more than 3 months after hire (not Level I or II), dated

During interview with the Administrator at approximately 11:30 AM on she acknowledged the aforementioned findings.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and an interview, the facility failed to ensure in-service training to be completed within 30 days of hire for 3 out of 3 sampled staff (Staff A, B and C) was documented on certificates with the title of the training program, subject matter, agenda, date, number of hours, trainee's name and training provider's signature

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and credentials.

The findings include:

Review of the personnel files for Staff A, B and C on . . . . revealed they had no certificates of in-service training for the following subjects, required to be completed within 30 days of hire:

a) The facility's Elopement Policy and Procedure.
b) The facility's _ . . . . . Policy and Procedure (1 hour total).
c) The facility's Emergency Procedures (including chain of command and staff roles in evacuation), and Incident Reporting (one hour total).

During interview with the Administrator on . . . . at 11:30 AM, she acknowledged the certificates with required components had not been completed for the above training and that the employees had been hired more than 30 days prior to this date.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview, it was determined the facility failed to maintain a record of resident's weights on a semi-annual basis, for 5 of 6 sampled resident records (Residents #4, #19, #20, #21, #22).

The findings include:

During interview and record review with the Assistant Resident Services Director of AL, conducted on . . . beginning at approximately 12:30 PM, she was provided the opportunity to locate documentation of the semi-annual weights (2 times a year) for the residents noted below and she was unable to locate this information. She stated all residents weights were recorded in the weight record binder that was provided for review (this binder is maintained in the Wellness Center). She also stated that she was not aware of the requirement that the facility needed to obtain weights for the assisted living facility residents on a semi-annual basis if they were "independent".

a) Resident #4: . . was the only documented weight for 2014 and this resident was admitted to the facility on

b) Resident #19: . . . . was the only documented weight for 2014 and this resident was admitted to the

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facility on . . .

c) Resident #20: . . . was the only documented weight for 2013 and this resident was admitted to the facility on . . . . . .

d) Resident #21: . . . . . was the only documented weight for 2014 and this resident was admitted to the facility on . . . . . .

e) Resident #22: . . . . . was the only documented weight for 2014 and this resident was admitted to the facility on . . . . . .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Allegro At Willoughby, Llc (The)
3400 SE Aster Lane
Stuart, FL 34994

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on 15, 2015 by a representative from this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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