STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953686	**04/10/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
NEW PORT INN	**6120 CONGRESS STREET NEW PORT RICHEY, FL 34652**	

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

0000 - Initial Comments

Assisted Living Facility

Two unannounced Complaint (CCR# 2015001256 and 2015001379) Surveys, were conducted on .

The New Port Inn, Assisted Living Facility, had an unrelated deficiency at the time of the visit.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on Record Review and Interview, the facility failed to ensure that 2 out of 4 employees (Staff B and Staff F) had the required proof of In-Service Training within 30 days of hire.

Findings Include:

On at approximately 2:00 pm, during an Employee Record Review, it was revealed that Staff B-(Med Tech), on the 7:00 am - 3:00 pm shift, and hired on , did not have the required Staff In-Service training within 30 days of hire for:

1. Three hours In-Service training for Providing Assistance with Activities of Daily living (ADL) and Resident Behavior and Needs.

On at approximately 2:15 pm, an Interview with the Human Resources Manager revealed that Staff B was not a Certified Nursing Assistant (C.N.A.), which the Director of Nursing thought Staff B was a C.N.A. If Staff B had the C.N.A documentation, the employee would be exempt form the 3 hour ADL and Behavioral Needs Training. The Human Resources Manager could not provide the C.N.A documentation for Staff B, and it was later found that Staff B's C.N.A certification had expired. The Human Resources Manager did produce a training manual entitled "Assisting with ADL's", but there were no completed certificates attached to the manual. Therefore, Staff B is required to take the 3 hour ADL and Behavioral Needs Training.

On at approximately 2:05 pm, during an Employee Record Review, it was revealed that Staff F-(L.P.N.), on the 11:00 pm - 7:00 am shift, and hired on , did not have the required Staff In-Service training within 30 days of hire for:

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SUMMARY STATEMENT OF DEFICIENCIES
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0081 Continued From page 1

1. One hour In-Service training in Control including universal precautions, and facility sanitation procedures.

2. One hour In-Service training for Reporting Major Incidents/Reporting Adverse Incidents.

3. One hour In-Service training for Resident Rights in an assisted living facility.

4. One hour In-Service training for Recognizing and Reporting Resident , Neglect, and

On at approximately 2:25 pm, an Interview with the Human Resources Manager, revealed that there was a Certificate of Completion for the required training for Staff F, but the certificate was blank. The Human Resources Manager was unable to produce a completed training certificate with the required In-Service training in Staff F's file.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
New Port Inn
6120 Congress Street
New Port Richey, FL 34652

RE: CCR# 2015001256 and CCR# 2015001379

Dear Administrator:

This letter reports the findings of two complaint surveys that were conducted on , 2015, by representative(s) of 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 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

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