STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966197	**02/12/2018**
NAME OF PROVIDER OR SUPPLIER **EDEN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **5047 CLARCONA OCOEE ROAD** **ORLANDO, FL 32810**	

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

0000 - Initial Comments

An abbreviated re-licensure survey was conducted on . . . . Eden Manor Assisted Living Facility License # 10439
had deficiencies at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure 1 of 1 sampled newly hired staff (B) had a written statement from a health care provider documenting that she did not have any signs or symptoms of communicable . . . . . including and 2. 1 of 3 sampled staff (C) had documentation of annual assessment for ( ) signed by the healthcare provider.

Findings:

Personnel record review for staff B, a caregiver, hired revealed there was no documentation to confirm she was free from communicable . . . . . including .

Staff C, a caregiver, hired . . . did not have evidence to confirm she was free from .

On . . . at 1 PM, the administrator confirmed the finding.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on personnel record review and interview, the administrator failed to have evidence that she had participated in 12 hours of continuing education in topics related to assisted living every 2 years.

Findings:

Personnel Record review for staff A the administrator revealed there was no documentation found to confirm she had participated in 12 hours of continuing education in topics related to assisted living every 2 years.

On . . . . at 1 PM staff A confirmed the findings.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966197	**02/12/2018**
NAME OF PROVIDER OR SUPPLIER **EDEN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **5047 CLARCONA OCOEE ROAD** **ORLANDO, FL 32810**	

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

Class III

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

Based on observations, personnel record review and interview the facility failed to ensure that 1 of 3 sampled staff (B) received the required in-service training within 30 days of hire.

Findings:

Observation on at 9 AM revealed she was working alone with the residents.

Personnel record review for staff B, a caregiver, revealed she was hired on and she provided personal care to the residents and did not have evidence that she had received the following training:

1. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation
2. Resident rights in an assisted living facility, recognizing, and reporting resident , neglect, and
3. Facility's resident elopement response policies and procedures
4. Safe food handling practices
5. Reporting major incidents and Reporting adverse incidents

On at 1 PM, the administrator confirmed the findings.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on Personnel Record review and interview, the facility failed to ensure that 1 of 3 sampled staff (B) had obtained the one-time education course on and within 30 days of employment.

Findings:

Personnel record review for staff B, a caregiver hired revealed there was no documentation to confirm she had obtained a one-time education and including the topics prescribed in the Section 381.0035, F.S. within 30 days of employment.

On at 1 PM, the administrator confirmed the findings.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966197	**02/12/2018**
NAME OF PROVIDER OR SUPPLIER **EDEN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **5047 CLARCONA OCOEE ROAD** **ORLANDO, FL 32810**	

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

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on personnel record review and interview, the facility failed to ensure that a staff member who held a currently valid card that documented the completion courses in First Aid was in the facility at all times for 2 sampled employee files (A & C).

Findings:

Review of the staff schedule revealed staff C worked alone with the residents.

On at 12:30 PM, staff A the administrator said she would work alone with the resident at times.

Personnel record for staff A and C revealed their first aid and cards expired on .

On at 1 PM, the administrator confirmed the cards had expired.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observations, personnel record review and interview, the facility failed to ensure that 1 of 3 sampled unlicensed staff (B), who provided assistance with the resident's medications received the initial 4 hours training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF) and 1 of 3 sampled unlicensed staff (C) who provided assistance with the residents medication did not receive annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility provided by a licensed registered nurse, or a licensed pharmacist.

Findings:

On at 9:15 AM staff B said she provided assistance with the self-administration of the resident's medication.

Personnel record review for staff B revealed there was no documentation to confirm she had obtained the initial 4 hours training in providing assistance with self-administered medications and safe

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966197	02/12/2018
NAME OF PROVIDER OR SUPPLIER **EDEN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **5047 CLARCONA OCOEE ROAD** **ORLANDO, FL 32810**	

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

medication practices in an ALF.

On staff, C said she would be assisting with the self-administration of medication at 2 PM.

Personnel record review for staff C revealed the last 2 hours continuing education was on .

Observation on 1:30 PM revealed staff C was assisting a resident with the self-administration of her medications.

On at 1 PM, the administrator confirmed the findings.

Observation on at 1:30 PM revealed staff C was assisting a resident with her medications.

Class III

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

Based on personnel record review and interview the facility failed to have evidence that 2 of 3 sampled staff (B) had at least one hour of training in the facility's policies and procedures regarding ('s) that included information in Rule 58A-5.0186, F.A.C. within 30 days after employment.

Findings:

Observation on at 9 AM, revealed staff B a caregiver was working alone with the residents.

On at 9:15 AM, staff B said she did not know what a was. She said she had not received any training regarding since working at the facility.

Personnel record review for staff B hired revealed there was no documentation to confirm she had obtained a least one hour of training in the facility's policies and procedures regarding ('s) that included information in Rule 58A-5.0186, F.A.C. within 30 days after employment.

On at 1 PM, the administrator confirmed the findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966197	02/12/2018
NAME OF PROVIDER OR SUPPLIER **EDEN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **5047 CLARCONA OCOEE ROAD** **ORLANDO, FL 32810**	

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

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on personnel record review and interview the facility failed to ensure staff had certificates that included the required information for 1 of 3 sampled staff (C).

Findings:

Personnel record review for staff C, a caregiver, revealed there was a certificate that listed multiple training's that included:

1. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation
2. Elopement and Wandering policy
3. Fire safety and disaster
4. HIPPA Laws
5. Reporting major incidents and Reporting adverse incidents
6. policy

Further review of the certificate revealed it was dated , 2015 and the line was marked through 2015 and 2017 was written next to it. The hours of the certificate note 3 hours.

There was another certificate that had multiple training's that included:
1. Physical, and Social needs of the residents
2. Resident rights
3. Resident freedom from , Neglect and ,
4. Prevention
5. Grievance Procedure

Further review of the certificate revealed it was dated , 2015 and the line was marked through the 2015 and 2017 was written next to it. The hours of the certificate note 3 hours.

There was no way to determine if the staff had obtained the required amount of training time because the hours of training's of each was not identified only the total amount of all of the training's. There was no way to determine the date of the training because the year was crossed out.

On at 1 PM, the administrator confirmed the findings.

Class

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966197	**02/12/2018**
NAME OF PROVIDER OR SUPPLIER **EDEN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **5047 CLARCONA OCOEE ROAD** **ORLANDO, FL 32810**	

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

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview, the facility did not have evidence that the comprehensive emergency management plan was submitted for review and approval to the local emergency management agency.

Findings:

On at 9:45 AM, the administrator was asked to provide the approval letter for the facility's Comprehensive Emergency Plan (CEMP).

On at 10 AM, the administrator said she did not have an approval letter from the local emergency management agency.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on the staff schedule review, the agency's background screening website and interview, the facility did not initiate all Criminal history checks through the clearinghouse before employment and failed to report changes within 10 business days.

Findings:

Review of the agency's background screening website on at 10 AM, revealed staff B, a caregiver and staff A the administrator were not listed on the employee roster.

Further review of the roster revealed there were two staff listed that were not on the staff schedule.

On at 12:45 PM, the administrator said the 2 staff that were listed on the roster had not worked in the facility in a year and she confirmed she and staff B were not listed on the roster.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on personnel record review and interview the facility did not comply with background screening by failing to obtain a level II background screening before a staff provided direct care to residents for 1 of 3

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966197	**02/12/2018**
NAME OF PROVIDER OR SUPPLIER **EDEN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **5047 CLARCONA OCOEE ROAD** **ORLANDO, FL 32810**	

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

sampled staff (B).

Findings:

Review of the Agency's Background Screening website on at 10 AM revealed for staff B a "new screening required."

Personnel record review for Staff B hired revealed revealed the Level II background screening found in the record noted "awaiting privacy statement".

There were no results to determine the staff was eligible to work at the facility.

On at 12:45 PM, the administrator reviewed the results and confirmed the findings.

Unclassified