

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Concordia Village of Tampa		STREET ADDRESS, CITY, STATE, ZIP CODE 4100 E Fletcher Ave Tampa, FL 33613	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>18317</p> <p>Based on record review and interview, the facility failed to implement their current written policy on resident abuse as it related to annual abuse, neglect, and exploitation training for 2 (Staff B and Staff C) of 6 staff members reviewed.</p> <p>Findings included:</p> <p>During staff record review it was determined that Staff B was hired on 10/2/2001 and last completed abuse training on 9/6/22. It was also determined that Staff C was hired on 10/5/22 and last completed abuse training on 10/5/22, which exceeded the annual training requirement.</p> <p>An interview with the Human Resources Manager on 06/19/2024 at 11:55 a.m. confirmed there was no written evidence that Staff B and C had completed annual abuse training as required. She further confirmed at that time the facility did not have an effective system in place to ensure that annual abuse training was completed as required.</p> <p>The facility abuse policy titled Abuse, Neglect, Exploitation, dated 10/17/22, page 3 of 5, showed under Section II - EMPLOYEE TRAINING - B. Existing staff will receive annual education through planned in-services and as needed. This required component of the policy was not met for 2 of 6 staff members reviewed - B and C.</p> <p>An interview with the Director of Nursing on 6/19/24 at 11:55 a.m. confirmed the facility abuse policy was current and should have been followed as it related to annual staff abuse training.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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