

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11966576</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                                         |                          | (X3) DATE SURVEY<br>COMPLETED |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CAROLINA'S CARE CENTER CORP #3</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>8100 WEST 12 AVENUE<br/>HIALEAH, FL 33014</b>                            |                          |                               |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                               |
| A 000                                                                     | Initial Comments<br><br>A Complaint Investigation survey CCR # 2012008948 conducted on . The Carolina's Care Center Corp #3 Assisted Living Facility had deficiencies found at the time of the visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | A 000                                                                          |                                                                                                                          |                          |                               |
| A 080<br>SS=D                                                             | 58A-5.0191(1) FAC Training - Core & Competency Test<br><br>Staff Training Requirements and Competency Test.<br>(1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST.<br>(a) The assisted living facility core training requirements established by the department pursuant to Section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test.<br>(b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to , 1997, and managers who attended the core training program prior to , 1998, shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with Part II of Chapter 468, F.S., are exempt from this requirement.<br>(c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years as provided under Section 429.52, F.S. | A 080                                                                          |                                                                                                                          |                          |                               |

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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Q3XR11

If continuation sheet 1 of 3

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CAROLINA'S CARE CENTER CORP #3</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>8100 WEST 12 AVENUE<br/>HIALEAH, FL 33014</b>                            |  |                               |
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| A 080                                                                     | <p>Continued From page 1</p> <p>(d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must:</p> <ol style="list-style-type: none"> <li>1. Retake the assisted living facility core training; and</li> <li>2. Retake and pass the competency test.</li> </ol> <p>(e) The fees for the competency test shall not exceed \$200. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the assisted living facility's manager failed to complete the CORE training requirements.</p> <p>The findings include:</p> <p>Facility's record review found that the administrator supervises three facilities. Record review found that the delegated manager had documentation that he completed 26 hours of CORE training on _____ but failed to provide documentation that he passed the CORE competency test.</p> <p>Interview with the facility administrator at approximately 6:00 p.m. confirmed that the facility manager completed the CORE training but</p> | A 080                                                                          |                                                                                                                          |  |                               |

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| A 080                                                                     | Continued From page 2<br>did pass the CORE competency test.<br><br>Class III                                                 | A 080                                                                                         |                                                                                                                          |  |                               |



RICK SCOTT  
GOVERNOR

**Better Health Care for all Floridians**

ELIZABETH DUDEK  
SECRETARY

2012

Administrator  
Carolina's Care Center Corp #3  
8100 West 12 Avenue  
Hialeah, FL 33014

Re: CCR #2012008948

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) 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 10/5/2012 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis  
Field Office Manager

AMD:sy  
Enclosure  
XG90

Headquarters  
2727 Mahan Drive  
Tallahassee, FL 32308  
<http://ahca.myflorida.com>



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