State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967891	A. Building B. Wing	11/16/2012

Name of Facility	Street Address, City, State, Zip Code
BIRD'S EYE RESIDENCE, LLC	840 SW 50 AVENUE MARGATE, FL 33068

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0081** Reg. # **58A-5.0191(2) FAC** LSC		ID Prefix **A0083** Reg. # **58A-5.0191(4) FAC** LSC		ID Prefix **A0090** Reg. # **58A-5.0191(11) FAC** LSC	
ID Prefix **A0160** Reg. # **58A-5.024(1) FAC** LSC		ID Prefix **A0161** Reg. # **58A-5.024(2) FAC** LSC		ID Prefix **A0162** Reg. # **58A-5.024(3) FAC** LSC	
ID Prefix **A0167** Reg. # **58A-5.025(1) FAC** LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By** 01. 4 SMS	**Date:** 12/11/12	**Signature of Surveyor:** 01. 4 SMS for COLEEN BRODERICK	**Date:** 12/11/12	
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**	

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967891	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRD'S EYE RESIDENCE, LLC	840 SW 50 AVENUE MARGATE, FL 33068

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments An Assisted Living Facility standard licensure revisit survey was conducted on [redacted]. Bird's Eye Residence, LLC corrected the following deficiencies: A 0081, A 0083, A 0090, A 0160, A 0161, A 0162 and A 0167. Bird's Eye Residence, LLC had a licensure deficiency issued during this visit, specifically: A 0080.	{A 000}		
A 080 SS=D	58A-5.0191(1) FAC Training - Core & Competency Test Staff Training Requirements and Competency Test. (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST. (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. (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. (c) Administrators and managers shall participate in 12 hours of continuing education in topics	A 080		

Agency for Health Care Administration

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A 080	Continued From page 1	A 080		

related to assisted living every 2 years as provided under Section 429.52, F.S.
(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:
1. Retake the assisted living facility core training; and
2. Retake and pass the competency test.
(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.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure the Administrator (Employee #2) completed the required 12 hours of continuing education courses in topics related to assisted living within the required 2 years timeframe.

The findings include:

Review of the personnel record for the Administrator (Employee #2) on [redacted] revealed no documentation that the Administrator completed the required core updates within the past 2 years. Further review revealed there was no documentation in the personnel file indicating that she obtained 12 hours of continuing

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A 080	Continued From page 2	A 080		

education in topics related to assisted living within the required 2 years timeframe.

During an interview, conducted with the Administrator on at 2:07 PM, she stated that she was unaware of the continuing education requirements. She stated that she completed continuing education credits for her nursing license and provided documentation of such. However, upon review of the documents provided, revealed that the courses were in topics that were unrelated to assisted living facilities.

Class III

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Bird's Eye Residence, Llc
840 SW 50th Avenue
Margate, FL 33068

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2012 by a representative from this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

All deficiencies shall be corrected no later than 2013.

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,

pp) Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

BBT7

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