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
	AL11922279	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTBROOKE GARDENS	201 SUNSET DRIVE CASSELBERRY, FL 32707

(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 conducted Assisted Living Facility ECC monitoring visit. There was a deficiency found at the time of the visit.	A 000		
A 083	58A-5.0191(4) FAC Training - First Aid and (4) FIRST AID AND A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 7 sampled staff (Staff B) had completed a current First Aid course. Findings: Review of personnel files revealed Staff B, who worked the 3 PM to 11 PM shift on did	A 083		

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A 083	Continued From page 1 not have documentation of completion of a First Aid course. The facility was asked to provide documentation that a staff member working 3 PM to 11 PM on [redacted] had a current First Aid certificate. Interview with the Administrator on [redacted] at approximately 3;30 PM who stated the Business Office Manager (BMO) was off today and she would email the First Aid certificate to the surveyor and they were given an opportunity to email the First Aid certification to the surveyor. A copy of Staff B's college transcript was provided dated [redacted] through [redacted]. Review of transcript provided revealed there was no evidence the staff had taken a First Aid course. Phone interview with the BMO on [redacted] at approximately 4 PM who stated she was unable to find a current First Aid certification for any of the staff that worked the 3 PM to 11 PM shift on [redacted] with Staff B. She also stated there was a nurse working from 3 PM to 9 PM. The facility was unable to provide documentation that there was a staff member working on [redacted] from 9 PM to 11 PM who had a current First Aid certification. Class III	A 083		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Eastbrooke Gardens
201 Sunset Drive
Casselberry, FL 32707

Dear Administrator:

Re: ECC monitoring

This letter reports the findings of a state licensure survey that was conducted on . 2013 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 **. 2013,** 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 Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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