STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910630	**07/18/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Village On High Ridge	**1800 South Drive Lake Worth, FL 33461**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

0000-Initial Comments

An Assisted Living Facility Extended Congregate Care (ECC) monitoring visit was conducted on . . . . The Village on High Ridge, had licensure deficiencies found at the time of the visit.

Specific Tag Findings:

E210-ECC - Training 58A-5.0191(7) FAC
Based on record review and interview, the facility failed to ensure its Extended Congregate Care (ECC) Supervisor had completed 4-hours of continuing education training every two years and did not ensure it's direct care nurse completed a 2-hour inservice in ECC within 6 months of initial employment at the facility.

The findings include:

Review of the ECC Supervisor's employee record indicated that she received an initial ECC 4-hour training course on . . . . Further review of the ECC supervisor's record indicated that she did not have any certificate to represent that she received any ECC 4-hour continuing education training in the last two years.

Review of the direct care nurse's employee record indicated that she began working for the facility on . . . . Further review of her record indicated that she did not receive a 2-hour in-service in ECC within 6 months of initial employment in the facility.

In an interview with the Administrator on . . . at 2:25 PM, she stated that she does not have the ECC supervisor or the direct care nurse's ECC training in their record to represent their required ECC continuing education and initial in-service training respectively.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
The Village On High Ridge
1800 South Drive
Lake Worth, FL 33461

Dear Administrator:

Re: Extended Congregate Care Monitor

This letter reports the findings of a Extended Congregate Care Monitor survey that was conducted on 2013 by a representative from this office. Attached is the provider's copy of the State (5000-3547) 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547 Form
XG90

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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924