STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968057	07/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caring House Assisted Living Facility Llc	**3204 Sarahs Ct Green Cove Springs, FL 32043**

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0076 - 58a-5.0186 Fac - S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial licensure survey was conducted on 2013.
Caring House Assisted Living Facility had deficiencies found at the time of the visit.

0076 58A-5.0186 FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure that policies and procedures were developed and implemented. The staff had not been trained in the policies and procedures of Do Not Resusitate Orders for two of three employees (A, B) reviewed.

The findings include:

A review of employee files for Employee A, hired as a caregiver, and Employee B, hired as a caregiver, revealed that there was no documentation of training in

An interview with the administrator on 2013 at 3:00 pm revealed that policies and procedures were not developed and training of staff had not occurred.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure that employees received training in topics for one of three employees (A) reviewed.

The findings include:

A review of employee files for Employee A, hired as a caregiver, revealed there was no documentation of the completion of training in topics.

An interview with the administrator on 2013 at 3:00 pm revealed that the documentation of training for employee A was not available on the date of the survey.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968057	07/18/2013
NAME OF PROVIDER OR SUPPLIER **Caring House Assisted Living Facility Llc**	STREET ADDRESS, CITY, STATE, ZIP CODE **3204 Sarahs Ct** **Green Cove Springs, FL 32043**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure the administrator received two hours of continuing education in topics related to nutrition and food service in an assisted living facility for one of three employees reviewed (C).

The findings include:

A review of employee file Employee C, hired as the administrator on , revealed that there was no documentation of training in topics pertinent to nutrition and food service on an annual basis.

An interview with the administrator on , 2013 at 3:00 pm revealed that the administrator had not completed two hours of continuing education in topics related to nutrition and food service in an assisted living facility during the last twelve months.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Caring House Assisted Living Facility, LLC
3204 Sarahs Court
Green Cove Springs, FL 32043

Dear Administrator

This letter reports the findings of a state biennial licensure survey that was conducted on , 2013 by a representative of 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 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. Should you have any questions please call this office at

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/sm
Enclosure

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