STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953519	07/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Paradise Care Cottage	2277 S.E. Lennard Road Port Saint Lucie, FL 34952	
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

Specific Tag Findings:

0000-Initial Comments

An extended congregate care (ECC) monitoring visit was conducted in conjunction with 2 revisit inspections on . . . . . The Paradise Care Cottage had a licensure deficiency found at the time of the visit related to the ECC monitoring visit.

E210-ECC - Training 58A-5.0191(7) FAC

Based on record review and interview, the facility did not ensure its extended congregate care (ECC) supervisor completed 4-hours of continuing education training in ECC every two years.

The findings include:

Review of the ECC supervisor's employee record indicated that she received ECC continuing education training courses on . . . and . . . . Further review of the ECC Supervisor's record indicated that she only received a 1-hour ECC continuing education training course on , with no other ECC continuing education course to supplement the 4-hour requirement for the last two years.

In an interview with the Administrator on at 2:20pm, she stated that the ECC Supervisor had not received the complete ECC 4-hour continuing education trainings in the last two years because the facility understood that she must only receive 1-hour ECC training every year and was not aware of the ECC Supervisor's actual continuing education requirements.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Paradise Care Cottage
2277 S.E. Lennard Road
Port Saint Lucie, FL 34952

Dear Administrator:

This letter reports the findings of a state 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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