STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967591	08/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A & L Healthcare, Corp #3	4470 Coral Springs Drive Coral Springs, FL 33065	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

St - A - 0000 - - Initial Comments
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility standard biennial relicensure survey was conducted on [redacted]. A & L Healthcare Corp, had a licensure deficiency found at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review an interview, the facility failed to provide documentation of completion of the required in-service training, for 1 out of 4 sampled employees (Employee #2).

The findings include:

A review of Employee #2's personnel record who provides direct care to residents, revealed the file lacked documentation verifying the employee had received the required in-service training within 30 days of employment in the following areas: providing assistance with the activities of daily living, reporting major incidents, emergency procedures, elopement policies and procedures, reporting adverse incidents, recognizing and reporting resident neglect, and

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
A & L Healthcare, Corp #3
4470 Coral Springs Drive
Coral Springs, FL 33065

Re: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state licensure 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 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,

for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure
XG90

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