| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965113 | 08/27/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Almost Home Beaches | 100 West First Street Atlantic Beach, FL 32233 | |
| 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**

A monitoring visit for Extended Congregate Care was conducted at Almost Home Beaches on 2013. Almost Home Beaches had a deficiency at the time of the visit.

**E210-ECC - Training 58A-5.0191(7) FAC**
Based on interview and record review, 1 of 3 staff sampled failed to meet training requirements.

The findings Include:

One a review of Employee A's personnel file was completed. Employee A's personnel file reflected a date of hire as with no evidence that the required Extended Congregate Care Training was completed within 6 months of date of hire.

Surveyor completed interview with facility Administrator on at approximately 12:45 PM. The administrator confirmed that Employee A did not have the required training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Almost Home Beaches
100 West First Street
Atlantic Beach, FL 32233

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care 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

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

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054