STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964615	08/07/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Broadmoor Assisted Living	**200 Dixieland Drive Fort Pierce, FL 34982**	
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 on . . . . . The Broadmoor Assisted Living facility, had a deficiency found at the time of the 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 a 4-hour continuing education training in ECC every two years.

The findings include:

Review of the ECC supervisor's employee record indicated that she received an ECC 4-hour training course on . . . . . and a 2-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 more ECC continuing education training in the last two years to comply with the ECC 4-hour total training requirement.

In an interview with the Director on . . at 10:25am, she stated that the ECC supervisor has not received any other ECC continuing education training since . . . . .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Broadmoor Assisted Living
200 Dixieland Drive
Fort Pierce, FL 34982

Re: Extended Congregate Care (ECC)

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2013 by a representatives 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,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure
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