STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932652	08/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Academy Assisted Living Facility, Inc	1225 Soltman Avenue Fort Pierce, FL 34950	

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

0000-Initial Comments

An Extended Congregate Care monitoring visit was conducted on . . . The Academy assisted living facility, had a deficiency at the time of the visit.

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

Based on record review and interview, the Assisted Living Facility failed to ensure the Extended Congregate Care (ECC) supervisor had completed a 4-hour continuing education training in ECC services within the last two years and failed to ensure 2 direct care staff (Staff A and B) completed a 2-hour in service in ECC within 6 months of their initial employment in the facility.

The findings include:

A) Review of the ECC supervisor's employee record indicated that she received an initial ECC 8-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 ECC 4-hour continuing education training in the last two years.

B) Review of Employees A and B's records indicated that they had not received a 2-hour in service in ECC within 6 months of initial employment in the facility. Employee A with date of hire on . . . and on employee B with a date of hire on .

In an interview with the ECC Supervisor on . at 1:35 PM, she stated that she does not have her 4 hour continuing ECC training certificate for the past 2 years and that Employees A and B have been employed with the facility since . . . and , respectively and they have not received the initial 2 hour ECC in service training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Academy Assisted Living Facility, Inc
1225 Soltman Avenue
Fort Pierce, FL 34950

Dear Administrator:

Re: Extended Congregate Care Monitor

This letter reports the findings of a Extended Congregate Care Monitoring survey that was conducted on 15, 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 (30) 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/dso
Enclosure: State form 5000-3547
XG90

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