STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966938	09/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Betsy's Loving Home, Inc	309 Sw 68th Avenue Pembroke Pines, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D

Specific Tag Findings:

0000-Initial Comments
A unannounced relicensure survey was conducted on Betsy's Loving Home, Inc. Assisted Living Facility had deficiencies found at the time of the visit.

An unannounced follow-up visit to complaint survey CCR# 2012010686, originally conducted on was conducted in conjunction with the relicensure survey.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to provide in-service training in the elopement policies and procedures, for 1 out of 2 sampled employee records (Employee #2).

The findings include:

During a review of the employee records, it was noted that there was no documentation of in-service training in the facility elopement policies and procedures for Employee #2. Employee #2's date of hire was The Administrator was interviewed on at 1:00 PM and no additional information was provided. The Administrator acknowledged the surveyor ' s findings.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on observation, interview and record review, the facility failed to comply with the First AID training requirement for 1 out of 2 sampled employee files reviewed (Employee # 2).

The findings include:

Record review of Employee #2's file revealed no documentation of attendance for training course.

On at approximately 11:45 AM during an interview with the Administrator, she stated Employee #2 has not attended training. She confirmed that Employee # 2 works Sunday thru Thursday at the facility alone. This was also confirmed by review of the facility ' s staffing schedule.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Betsy's Loving Home, Inc
309 SW 68th Avenue
Pembroke Pines, FL 33023

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,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure
XG90

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