STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967022	09/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Almark Health Services #3	4019 Wendy Drive Orlando, FL 32808

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

List of Tags Cited:

St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
0000-Initial Comments

An Unannounced Abbreviated Biennial Relicensure Survey including Limited Mental Health was conducted on Almark Health Services #3 Assisted Living Facility had deficiencies found at the time of the visit.

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on personnel record review, observations and interview, the facility failed to have ensure that 1 staff member who had completed courses in First Aid and held a currently valid card documenting completion of such courses was working in the facility at all times (#B).

Findings:

Observations on at approximately 8:45 AM revealed that staff #B was working alone at the facility with 2 residents present.

Personnel record review conducted on 9/12/13 at approximately 11 AM revealed that the her CPR card expired on and there was no documentation found in her record to confirm that she had a current card.

The facility's manager reviewed the record and stated on at approximately 12:45 PM, that staff #B confirmed the finding.

Class III

L243-LMH - Training 58A-5.0191(8) FAC
Based on personnel record review and interview, the facility failed to ensure that 1 of 3 sampled staff received a minimum of 3 hours of Limited Mental Health (LMH) continuing education biennially (#B).

Findings:

Personnel record review conducted on at approximately 11 AM revealed that staff #B had obtained her last 6 hours of LMH education on . There was no documentation to confirm that she had obtained 3 hours of LMH continuing education biennially, due .

The facility's manager reviewed the record and stated on at approximately 12:45 PM and confirmed the finding.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Almark Health Services #3
4019 Wendy Drive
Orlando, FL 32808

Dear Administrator:

Re: Biennial w/LMH

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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