STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966437	09/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wesley House Ii	**1146 Timber Trace Drive Wesley Chapel, FL 33543**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An extended congregate care (ECC) monitoring visit was conducted on .

Wesley House II, assisted living facility, had a deficiency at the time of the visit.

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

Based on interview and record review, the facility failed to insure that one of three sampled staff (Employee A) completed the training required to serve as the extended congregate care supervisor for the facility.

Findings include:

During a visit to the facility on , the surveyor interviewed the direct care staff on duty (Employee C) at approximately 10:45 a.m. Employee C stated that she believed that Employee A, a nurse under contract with the facility, served as the extended congregate care supervisor.
The surveyor reviewed the record for Employee A on that same date. Employee A's record indicated her last training related to extended congregate care was completed in 2010. Employee A's record did not contain documentation of the required 4 hours of ongoing training related to extended congregate care every two years.

During a follow-up interview with Employee C conducted on that same date at approximately 11:05 a.m., Employee C contacted the administrator's assistant (Employee B) by telephone. Employee C then stated that Employee B was the extended congregate care supervisor.
When the surveyor reviewed Employee B's record on that same date, Employee B had completed the initial 4 hour training in extended congregate care on / . However Employee B's record did not contain any documentation indicating that CORE training had been completed as a prerequisite.

The surveyor checked the internet website for verification of passing the CORE exam and there was no record indicating Employee B had passed the CORE exam.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Wesley House II
1146 Timber Trace Drive
Wesley Chapel, FL 33543

Dear Administrator:

This letter reports the findings of an extended congregate care (ECC) monitoring visit 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid ufman
For Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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