

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/03/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910878	(X3) DATE SURVEY COMPLETED 12/17/2013
NAME OF PROVIDER OR SUPPLIER Blue Sky Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 354 Sw 22nd Road Miami, FL 33129	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - Initial Comments

St - A - 0074 - 58a-5.019(3)(b) - Staffing Standards - Personnel File (bgs) S-S= D

0000-Initial Comments

A Standard Biennial survey was conducted on . Blue Sky Assisted Living Facility had one deficiency found at the time of the visit.

0074-Staffing Standards - Personnel File (BGS) 58A-5.019(3)(b)

Based on observations, record review, and interview, the assisted living facility failed to have a copy of 2 out of 3 (Staff A and B) sampled staff member's level 2 background screening at the facility.

Findings include:

Record review found that the facility did not have completed copies of level 2 background screenings for Staff #A and B.

Interview conducted with Staff C on / at 1:00 PM confirmed the facility did not have a copy of the background screening or Staff A and B in the facility.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Blue Sky Inc.
354 SW 22nd Road
Miami, FL 33129

Dear Administrator:

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 , 2014 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 Kristal Branton at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

and
Enclosure

