STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911223	**02/13/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vick Street Manor	**22332 Vick Street Port Charlotte, FL 33980**	
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:
These are the results for an Extended Congregate Care (ECC) survey conducted at Vick Street Manor, an Assisted Living Facility (ALF). This survey was conducted on .

The following is a description of non-compliance:

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

Based on a review of 4 personnel files and interview with administrative staff, the facility failed to ensure there was documentation showing the staff attended ECC (Extended Congregate Care) training for 4 (Employee A, B, C, and D) of the staff reviewed.

The findings include:

1. During an interview on . at 10:45 a.m., the Health and Wellness Director indicated the ECC training is provided as a part of orientation. The documentation about this training is included on the New Employee Orientation Agenda and will be located in each employee file.

2. Employee A was hired on . The form indicating new employee orientation agenda was present in the file, but there was no documentation indicating a date this was completed. There was no signature indicating the staff had completed this training.

3. Employee B was hired on . In this file there was the New Employee Orientation form. There was no documentation on the form to indicate a date the training was performed nor was there any signatures, either by the trainer or the employee to demonstrate the training had occurred.

4. Record review for Employee C, who was hired on , and Employee D, who was hired on , revealed the same documentation as above with no signatures from the employee or the trainer indicating the employee had competed the training.

Class III

AHCA

FLORIDA AGENCY FOR HEALTH CARE ... T ...ION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Vick Street Manor
22332 Vick Street
Port Charlotte, FL 33980

Dear Administrator:

This letter reports the findings of an Extended Congregate Care (ECC) survey that was conducted on 13, 2014 by a representative 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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