AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 03/05/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911156	02/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Visionary Living, Inc	923 North 77th Avenue Pensacola, FL 32506	

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

0000-Initial Comments

A biennial survey in conjunction with a revisit survey was conducted on 20-21, 2014 at Visionary Living, Inc Assisted Living Facility. There were deficiencies found at the time of the survey.

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on interviews, observations, and record review, the assisted living facility failed to ensure at least one staff member trained in First Aid was at the facility at all times.

Findings include:

1) On at 8:20 AM staff member A was the only staff member observed at the assisted living facility.

2) On at 8:30 AM an interview was conducted with staff member A. Staff member A confirmed he was the only staff member at the facility. Staff member C stated he worked overnight from 8 PM- 12:00 PM the next afternoon.

3) A review of the staffing scheduled revealed staff member A was scheduled Thursday, , 2014 from 8 PM-12 PM and Friday, , 2014 from 9:00 PM-8 AM. Staff member A was the only staff member scheduled during those hours.

4) On / at 6:55 AM staff member A was observed in the kitchen cooking breakfast. At 7:15 AM, staff member C arrived to the ALF to provide medications to the residents.

5) A review of staff member A and C's personnel and training records revealed both employees had just taken a course but not any First Aid course.

6) On / at 11:20 AM an interview was conducted with the Administrator. The Administrator stated she thought staff members A and C had their First Aid training along with the training. She confirmed with the Owner that he did not pay for the First Aid training for staff members A and C.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on interview and record review, the assisted living facility failed to ensure 1 of 3 staff members received 3 hours of Limited Mental Heath (LMH) continuing education biennially. (Staff A)

Findings include:

1) A review of staff member A's record revealed staff member A received 6 hours of LMH training on .

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2) A review of the Administrator's training records revealed on the Administrator provided 1 hour LMH training on the topic "Communication with Mentally Challenge residents."

2) On / at 11:30 AM an interview was conducted with the Administrator. The Administrator stated she provides the updated training and confirmed the training on was only a 1 hour training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Visionary Living, Inc
923 North 77th Avenue
Pensacola, FL 32506

Dear Administrator:

This letter reports the findings of a biennial licensure survey and a Licensure Revisit Survey (CCR# 2013013310) conducted on 20, 2014 and 21, 2014 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

Please be advised that the Directed Plan of Correction (DPOC) sent to you facility on , 2014 remains in effect.

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 me at 850-412-4540.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

YOSF

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