STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965923	02/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gracious Age	1401 Magnolia Avenue Sanford, FL 32771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0089 - 429.178 Fs - [redacted] - Special Care S-S= D

Specific Tag Findings:

0000-Initial Comments
Limited Nursing Services (LNS) monitoring conducted on [redacted] Gracious Age had a deficiency found at the time of the visit.

0089-Alzhei [redacted] - Special Care 429.178 FS
Based on record review and interview the facility failed to ensure 1 of 4 sampled direct staff (Staff D) had an additional 4 hours of education/annual training in [redacted] and Related [redacted] (ADRD) within nine months of employment by an approved provider.

Findings:

Review of personnel files revealed staff D, the administrator/LNS nurse who was hired on [redacted], had direct contact and provided direct care to residents; had 4 hours of ADRD training on [redacted] He did not have documentation that he had received the additional 4 hours of ADRD training or the annual 4 hour training.

Interview with the administrator on [redacted] at approximately 4 PM who stated he needed the additional training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Gracious Age
1401 Magnolia Avenue
Sanford, FL 32771

Dear Administrator:

Re: LNS monitoring

This letter reports the findings of a state licensure survey that was conducted on , 2014 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 Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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