STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967565	**03/20/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Buddy's Place, Llc	**229 Laurel Way Miami Springs, FL 33166**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And , S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced ECC Monitoring survey was conducted on . Buddy's Place Assisted Living Facility Home had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility failed to keep on file an updated documentation of freedom from for 2 out of 4 staff records reviewed (Staff A and B).

The findings included:

Personnel record review was conducted on at about 9:30 AM Staff A (facility administrator) and Staff B (caregiver) did not have annually documented proof of freedom from . The last statement on file for Staff A was dated and for Staff B was dated .

On at about 10:00 AM the facility caregiver stated that they did not have the updated documentation of freedom from in their file.

Class III

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

Based on observation, record review and interview, the facility failed to ensure that Staff B and D who were left alone at the facility with the residents were trained in and First Aid.

The findings include:

Observation conducted on revealed that Staff B and D were the only staff member at the facility with the residents and assisting with personal care.

Personnel record review on revealed Staff B did not have current training in and First Aid and Staff D had no proof of training. Staff B's training expired on .

Interview conducted with the facility caregiver on at approximately 10:00 AM confirmed that Staff B and D did not have current training in and First Aid.

Class: III

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0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for 1 out of 4 staff (Staff B).

The findings include:

Record review for Staff B had no documentation that she received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF. Staff B training expired on .

On at about 10:10 AM Staff B stated that she assists the residents with self-administered medications.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Buddy's Place, Llc
229 Laurel Way
Miami Springs, FL 33166

Dear Administrator:

This letter reports the findings of a state Extended Congregate Care (ECC) monitoring 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 5/15/2014 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, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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