STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968276	04/10/2014
NAME OF PROVIDER OR SUPPLIER **Beeva Place Assisted Living Facility**	STREET ADDRESS, CITY, STATE, ZIP CODE **137 Santiago Street West Palm Beach, FL 33411**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
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

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey was conducted on at Beeva Place Assisted Living. The facility 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 ensure that a current physician's statement indicating freedom of communicable including was on file, for 3 out of 4 sampled employees (Staff B, C, and D).

The Findings Include:

An employee record review conducted on revealed the following:

1. Staff B was hired on . Staff B had a physician's statement dated indicating she displays signs and symptoms of communicable including . There was no documentation indicating freedom of .

2. Staff C was hired on . Staff C had a physician's statement dated indicating she displays signs and symptoms of communicable including . There was no documentation indicating freedom of .

3. Staff D was hired on . Staff D had a physician's statement dated indicating he displays signs and symptoms of communicable including . There was no documentation indicating freedom of .

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The Administrator stated the physician must have made an error on the paperwork. She acknowledged the findings on at 2:20 PM.

Class III

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

Based on interview and record review, the facility failed to maintain a staff person in the facility at all times, that has current certification in an approved training/ First Aid course, for 1 out of 4 sampled employees (Staff A).

The Findings Include:

Review of Staff A's personnel record on revealed the file lacked certification of First Aid training. Further review revealed a certification card for Staff A that expired on .

A review of the posted monthly staffing schedule indicated Staff A is a live-in employee and works 24-hour shifts, five days a week. The schedule indicates Staff A works alone during various times in the facility.

On at 2:20 PM, the Administrator acknowledged the findings. The Administrator stated that no further documentation was available for review.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Beeva Place Assisted Living Facility
137 Santiago Street
West Palm Beach, FL 33411

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by a representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

A. Mayo-Davis, Supervisor

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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