STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911702	04/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Victoria's Retirement Home	2233 NW 56th Avenue Lauderhill, FL 33313	
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 - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Change of Ownership survey (CHOW) was conducted on and at Victoria's Retirement Home. 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 maintain time sheets for a facility with 17 or more residents.

The findings include:

In an interview conducted on at 12:30 PM with Staff E/Manager, she stated she was in charge for the Administrator. Surveyor requested copies of the staff timesheets for review. She stated that she could not provide that information as the facility does not maintain timesheets for their staff. They just go by the "Daily Working Calendar."

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on record review and interview, the facility failed to maintain a written work schedule to reflect its 24-hour staffing pattern for a given time period for a census of 30 residents.

The findings Include:

Record review of the most current facility's "Daily Working Calendar" available dated revealed the following, Staff F was on the schedule to work Sundays 8 PM -7 AM, Monday 10 PM-7 AM, Tuesday 10 PM-7 AM, Friday 10 PM-7 AM and Saturday 10 PM-7 AM.

During an interview conducted on at 10:00 AM with Staff A, she reported that Staff F was out on sick leave. She further stated that Staff F ' s hours on the " Daily Working Calendar " were not correct.

During an interview conducted with the Administrator on at 10:30 AM, she confirmed that Staff F was currently not working at the facility and removed her name and hours from the "Daily Working

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Calendar." At this time, she added additional hours to Staff B's schedule on Monday from 8 PM-8 AM and Tuesday from 8 PM-8 AM on the "Daily Working Calendar ".

During an interview conducted with Staff C on Tuesday, at 8:05 PM, she stated she was currently the only staff at the facility and that Staff B was not currently at the facility but was due in at 10 PM. A subsequent phone call was made to the facility on Wednesday at 7:07 AM and Staff C stated that Staff B was not at the facility, but would return in 15 minutes. A second call was made on at 7:41 AM and Staff C reported that Staff B did not return and was not coming back that day.

On Tuesday at 7:56 AM, a call was made to the facility to speak to Staff B, and Staff C reported that Staff B was not at the facility.

In an interview conducted on at 2:08 PM with the Staff E/Manager, she stated that Staff F has not worked at the facility since She also stated the schedule was not accurate and did not reflect the actual staffing hours for Staff B and F.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Victoria's Retirement Home
2233 NW 56th Avenue
Lauderhill, FL 33313

Dear Administrator:

Re: Change of Ownership Survey

This letter reports the findings of a Change of Ownership (CHOW) survey that was conducted on 2014 and 2014 by representatives 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 (30) 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,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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