| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967028 | 04/23/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Granny's Adult Home | 1031 Nw 39th Court Coral Gables, FL 33134 | |

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

**List of Tags Cited:**
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced Standard Biennial survey was conducted on . Granny's Adult Home Assisted Living Facility had deficiencies found at the time of the visit.

**0090-Training - 58A-5.0191(11) FAC**

Based on interview and record review, the facility failed to maintain documentation of having completed at least one hour of training in policies and procedures regarding ( ) for 1 out of 3 sampled staff (Staff C).

The findings include:

A review of the personnel records for Staff C conducted on , was revealed that there was no documentation in the record to show that the employee completed at least one hour of training regarding policies and procedures for within 60 days of the effective date of the rule which was , 2010. Staff C was hired on .

On at about 1:00 PM the facility administrator stated that Staff C did not complete at least one hour training in policies and procedures regarding ( ).

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Granny's Adult Home
1031 Nw 39th Court
Coral Gables, FL 33134

Dear Administrator:

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 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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