STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910317	05/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Guardian Home Ii Alf Llc	902 West Canal Street New Smyrna Beach, FL 32168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service

Specific Tag Findings:

0000-Initial Comments
A biennial licensure survey was conducted on . . . . Guardian Home ALF had Licensure deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and staff interview the facility failed to update the Agency for Health Care Administration (AHCA) Health Assessment Form 1823 a minimum of every 3 years for 1 of 3 residents reviewed. (Resident #1)

The Findings Include:

1) A review of the record for Resident #1 revealed the last 1823 update was completed on . . . . .

2) During an interview with the Administrator on . . . . . at 2:45 PM she stated that the last time the 1823 was updated for Resident #1 was on . . . . .

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on document review and staff interview the facility failed to ensure 1 of 3 employees provided freedom from a communicable . . . . . statement (employee C). In addition the facility failed to ensure 1 of 3 employees had an updated . . . status (employee B).

The findings Include:

1) A review of the file of Employee C revealed a hire date of 2006. The file did not contain a statement of freedom from communicable . . . . . .

2) A review of the file of Employee B revealed a hire date of 2006. The file did not contain a statement of an updated . . . status report.

3) During an interview with the Administrator on . . . . at 2:30 PM she verified the files of employee B did not have a statement of communicable . . . . . She also verified the file of employee B did not have an update of . . . status on a yearly basis.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and staff interview the facility failed to ensure 2 hours of continuing education for the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910317	**05/13/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Guardian Home Ii Alf Llc	**902 West Canal Street New Smyrna Beach, FL 32168**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Food Service Designeee. (employee B)

The findings include:

1) During a review of the file of Employee B, the last date of training for continuing education for the food service designee was . . . There was no documentation of a more recent training.

2) During an interview with the Administrator on . . . at 2:30 PM she verified that Employee B is the food service designee and that they had not received 2 hours of continuing education on an annual basis.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Guardian Home II ALF, LLC
902 West Canal Street
New Smyrna Beach, FL 32168

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 2014 by a representative 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. Should you have any questions please call this office at

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054