STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967565	06/03/2014
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 - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - / S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

An Standard Biennial survey was conducted on . Buddy's Place Llc Assisted Living Facility had deficiencies found at the time of the visit.

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview the facility administrator failed to complete 12 hours of continuing education in the last 2 years.

The findings include:

Record review revealed Staff A (facility administrator) had no documentation of 12 hours of continuing education in the last 2 years.

On at about 3:00 PM Staff B stated that the facility administrator completed the 12 hours of continuing education in the last 2 years but she was unable to provide the documentation at the time of the survey.

Class III

0082-Training - / 58A-5.0191(3) FAC

Based on record review and interview the facility failed to provide documentation of providing an education course on and for 2 out of 3 sampled employees (B and C).

The findings include:

Staff record review did not have documentation that Staff B (hired on) and C (hired on) completed the one-time course in and .

On at about 3:00 PM Staff B stated that they received one-time course in and but she was unable to provide the documentation at the time of the survey.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967565	**06/03/2014**
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)		

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the facility failed to ensure that a Community Living Support Plan and Agreement were provided for 1 out of 2 sampled residents (Resident #3).

The findings include:

Resident record review revealed Resident #3 (admitted on) had no Community Living Support Plan and Agreement on file for review.

Interview conducted with Resident's #3 daughter on at 12:45 PM revealed that her mother has been diagnosed as having 30 years ago.

On at about 3:30 p.m. the facility administrator stated that Resident #1 did not have Community Living Support Plan and Agreement on file for review.

Class III

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 Standard Biennial 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:kb
Enclosure
XG90

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