STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968338	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
El Roble Assisted Living Facility	932 Se 3rd Street Belle Glade, FL 33430	

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

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on 6//18/ . El Roble Assisted Living Facility. The facility had licensure deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, record review and interview the facility failed to maintain accurate Medication Observation Records (MORs) for, 1 of 3 sample residents (Resident #2).

The findings include:

During review of the MORs for the month of . . 2014 on , it was noted that the facility failed to document whether five medications that are prescribed for Resident #2 were given. Further review of the MOR revealed that all prescribed medications were not recorded on the MOR as they are on the Physician's Order sheet dated . .

The following medications are:
1) Ranaxa 500 mg. Take one tablet by mouth twice a day
2) . . . . 40 mg. take 1 tablet Orally once a day
3) . . 5 mg take one tablet by mouth daily at bedtime
4) . 25 mg 1 tablet with food orally twice a day.
5) . . . . 10 MEQ take 1 tablet by mouth twice a day.

During an interview with Employee A on at 12 PM , she stated she provided all aforementioned

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medications to Resident #2. She further stated that she had forgotten to list all the medications and appropriately annotate the MOR.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on interview and record review, the facility failed to meet one of the minimum Assisted Living Facility's requirements by having an administrator who at least has a High School diploma or Grade Equivalent Diploma (G. E. D.

The findings include:

During record review on there was no evidence found that the facility's Administrator had a High School diploma or equivalent, or had a higher degree than high school. During an interview with Employee A, at this time, it was revealed that the Administrator did not complete high school but attended a vocational school. Employee A stated no further documentation was available for review.

During an interview with the Administrator on at 11:30 AM, he was not able to provide any additional proof or evidence of having completed high school or any higher education.

Class III.

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on interview and record review, it was determined that the facility failed to ensure that Administrator (Employee B) had completed the Assisted Living Facility Core Training Requirement and Competency Test.

the findings include:

During employee record review on it was discovered that Employee B who is responsible for the daily operation of the facility and who is the Administrator of the facility was hired on 9/17/2012. Further record review revealed Employee B completed the ALF Core training on However, record review failed to indicate any evidence that Employee B had completed the Competency test and

obtained a passing score.

During an interview with employee A (also responsible for the daily operation of the ALF) on ..... at 11:00 AM, she verified that Employee B had made several unsuccessfully attempts to complete the Core Training examination.

During a follow-up interview with the Administrator via telephone on ..... at 11:45 AM, he confirmed that he did not pass the Assisted Living Facility Core examination.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on interview and record review, the facility failed to ensure that 1 of 2 staff (Staff B) completed the Limited Mental Health (LMH) training within six months of employment.

The findings include:

During the employee record review on , evidence of completion of the LMH training for staff B who provides care to the residents, and who was hired on , was not available within the record.

During an interview with employee A on ..... at 11:30 AM, she was unable to provide aforementioned documentation. During an interview with the Administrator (Employee B), thereafter revealed no additional findings.

Class III

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

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
El Roble Assisted Living Facility
932 SE 3rd Street
Belle Glade, FL 33430

Dear Administrator:

This letter reports the findings of a State Relicensure 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 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

A
MD/jw
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com