STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910631	06/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Florida Baptist Retirement Center	1006 33rd Street Vero Beach, FL 32960	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced abbreviated Relicensure survey was conducted on at Florida Baptist Retirement Center. The facility had a deficiency found at the time of the visit.

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on interview and record review, it was determined the facility failed to maintain certificates (or copies of certificates) of required trainings in the facility's personnel files, for 3 of 3 sampled employee files reviewed (Employee A, Employee B, and Employee C).

The findings include:

During interview and employee record review conducted with the Administrator, on beginning at approximately 1:00 PM, the following employee files were reviewed. Further review of the records revealed the employees did not have certificates for the following trainings, as required.

1) Employee A: date of hire noted as
a) Control
b) Elopement Response Training
c) Emergency Preparedness & Evacuation
d) Incident Report Training
e) Resident Rights
f) Recognizing/Reporting , Neglect, and

2) Employee B: date of hire noted as
a) Control
b) Elopement Response Training
c) Emergency Preparedness & Evacuation
d) Incident Report Training

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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e) Resident Rights
f) Recognizing/Reporting , Neglect, and

3) Employee C: date of hire noted as
a) Control
b) Elopement Response Training
c) Emergency Preparedness & Evacuation
d) Incident Report Training
e) Resident Rights
f) Recognizing/Reporting , Neglect, and

At the time of this interview and record review, the Administrator was provided the opportunity to locate training certificates for the above noted employees and she was unable to do so. She stated that this facility does not issue training certificates and that they maintain a training schedule and a sign-in sheet for each training offered. Review of the training sign-in sheet revealed Employee A, B and C had completed aforementioned trainings. This regulation was reviewed with the Administrator and she indicated that she was not aware of the requirement to issue certificates for the required trainings. The Administrator stated no further documentation was available for review for noted employees.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Florida Baptist Retirement Center
1006 33rd Street
Vero Beach, FL 32960

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure 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 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 Davis
Field Office Manager

AMD
Enclosure

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