

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967918	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER Home Away From Home	STREET ADDRESS, CITY, STATE, ZIP CODE 324 Lyman Pl West Palm Beach, FL 33409	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey was conducted on at Home Away from Home ALF. The facility had a deficiency found at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure all direct care staff had received the required in-service training within 30 days of date of hire, for 1 out of 2 (staff B) sampled staff members.

The findings include:

A record review of Staff B's personnel record revealed his date of hire was as a direct care staff member. Further review of Staff B's record, revealed the record lacked documentation indicating the employee had received an in-service training in Activities of Daily Living and Resident Behavior and Needs (3 contact hours, required).

During an interview with the Administrator on at approximately 1 PM, she acknowledged the findings. She stated no further documentation was available for review.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Home Away From Home
324 Lyman Place
West Palm Beach, FL 33409

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 Mayo-Davis
Field Office Manager

AMD
Enclosure

