STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910670	08/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fort Lauderdale Retirement Home Annex	420 Southeast 12th Court Fort Lauderdale, FL 33316	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey was conducted on at Fort Lauderdale Retirement Home Annex. The facility had deficiencies found at the time of the visit.

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation, interview and record review, the facility failed to maintain the required minimum staff hours per week: As evidenced by having 1 staff member on site for a census of 22.

The findings include:

Observation on at 8:47 AM revealed one staff member present at the annex location. Employee #3 stated he was there alone and the other staff members were at the main facility located across the street. The Administrator arrived at 9:00 AM and confirmed a census of 22. A review of the staffing schedule posted on the wall dated identified 2 scheduled employees from 8:30 AM-5:00 PM and 1 employee from 9:00 AM-5:30 PM. The Administrator stated one of the employees scheduled from 8:30-5:00 was out on sick leave and the employee who was supposed to replace her had not shown up. The Administrator provided no reason as to why the third employee was not on site during her scheduled time.

During an interview on at 12:50 PM with he facility owner, she acknowledged the findings.

Class III

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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 members had received the required in-service trainings within 30 days of date of hire, for 2 of 4 sampled employees (Employee #2 and #4)

The findings include:

a) Record review conducted on at 11:25 AM of the personnel records revealed Employee #2 hired on provides direct care to residents residing at the facility. Further review revealed the file lacked documentation verifying the employee had received the required in-service training within 30 days of employment in the following areas: reporting major incidents, resident rights, activities of daily living and reporting major incidents,

b) Record review conducted on at 11:25 AM of the personnel records revealed Employee #4 hired on provides direct care to residents residing at the facility. Further review revealed the file lacked documentation verifying the employee had received the required in-service training within 30 days of employment in the following areas: activities of daily living

During record review the Administrator acknowledged the findings and stated no further documentation was available for review.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and interview, the facility failed to provide documentation of completion of the required in-service training regarding within 30 days after employment, for 1 of 4 sampled employees (Employee #1) .

The findings include:

Record review conducted on at 11:45 AM of the personnel records revealed Employee #1 hired on provides direct care to residents residing at the facility. Further review revealed the file

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lacked documentation verifying the employee received the required in-service training within 30 days of employment in the following area: [illegible]

During record review the Administrator acknowledged the findings and stated no further documentation was available for review. .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Fort Lauderdale Retirement Home Annex
420 Southeast 12th Court
Fort Lauderdale, FL 33316

Dear Administrator:

This letter reports the findings of a state 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 . 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

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