STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963720	08/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Place At Vero Beach, The	3855 Indian River Blvd 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 - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey with limited nursing services (LNS) was conducted on 27-28, 2014 at The Place At Vero Beach. The facility had deficiencies found at the time of the visit.

This survey was conducted in conjunction with the follow-up to complaint inspection CCR #2014005596 on the same date. Please refer to the separate report for the findings.

0090-Training - 58A-5.0191(11) FAC
Based on record review and an interview, the facility failed to ensure 2 of 3 sampled staff (Staff D and E) had received at least one hour of training in the facility's policies regarding RO's within 30 days of hire.

The Findings Include:

On at 1:00 PM, the personnel files for Staff D and E were reviewed for the above required training. There were no certificates of this training available for review at the time of the survey. Staff D was hired on and had a policy in her personnel file with "one hour" documented on the form and the staff member's signature and a date. Staff E was hired on and did not have any policy in his personnel file. Neither of these staff members had documentation of training completed with the trainer's signature and date of training completion. These findings were acknowledged by the administrator during interview on at approximately 12:00 PM.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963720	08/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Place At Vero Beach, The	3855 Indian River Blvd Vero Beach, FL 32960	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and an interview, the facility failed to ensure that all direct staff members had documentation of required in-service training dated within 30 days of hire on certificates with the subject of the training, length of time the training took place, employee's name, signature of trainor and date of training, 1 of 3 sampled staff records reviewed
(Employee E).

The findings include:

On [redacted] at 1:00 PM, the personnel file for Staff E (date of hire, [redacted]) was reviewed for certificates in required in-service training. There were no certificates of training in the facility's elopement policy and procedure and emergency procedures and incident reporting (one hour) available for review at the time of the survey. These findings were acknowledged by the administrator during interview on [redacted] at approximately 12:00 PM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Place At Vero Beach, The
3855 Indian River Blvd
Vero Beach, FL 32960

RE: Relicensure survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 27 - 28, 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/dso
Enclosure: State form 5000-3547
XG90

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