STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967965	09/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Royal Living At Pompano Alf, Inc	4200 NE 19th Avenue Pompano Beach, FL 33064	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on at Royal Living at Pomano ALF. The facility had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure staff submit a statement from a health care provider that the person does not have any signs or symptoms of a communicable including , for 2 of 3 employees (Employee #1 & #2).

The findings are:

Record review of Employee #1's file (hired on , who provides direct care to residents did not have the required documentation from a health care provider verifying that they do not have any signs or symptoms of a communicable including . Record review of Employee #2's (hired did not have the required documentation from a health care provider verifying that they do not have any signs or symptoms of a communicable including .

During an interview on at 11:40 AM with the Administrator/Owner she confirmed the employees provide direct care to the residents and acknowledged the findings.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on record review and interview, it was determined the facility failed to ensure all employees had received a one-time training on Human Imunodeficiency for 1 of 3 sampled employees (Employee #1).

The findings are:

A review of 3 personnel records on revealed Employee #1 hired on , did not have the required documentation of a completed course.

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During an interview on at 11:40 AM with the Administrator/Owner, she confirmed the employee provides direct care to the residents and acknowledged the findings

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on record review and interview, it was determined the facility failed to ensure that atleast one person is present in the facility at all times that has current certification in a First Aid course, for 2 of 3 sampled employees (Employee #1 & #3).

The findings are:

A review of 3 personnel records on revealed Employee #1 hired on and Employee #3 hired on 1/1/13 did not have the required documentation of a completed First Aid course. Review of the facility's staffing schedule revealed both employees work in the facility alone at various time periods.

During an interview on at 11:40 AM with the Administrator/Owner, she confirmed the employees provide direct care to the residents and acknowledged the findings. She stated no further documentation was available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Royal Living At Pompano Alf, Inc
4200 Ne 19th Avenue
Pompano Beach, FL 33064

RE: Relicensure survey

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 (30) 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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