

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964318	(X3) DATE SURVEY COMPLETED 09/10/2014
NAME OF PROVIDER OR SUPPLIER Place At Stuart, The	STREET ADDRESS, CITY, STATE, ZIP CODE 860 S.E. Central Parkway Stuart, FL 34994	
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 - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
 St - A - 0082 - 58a-5.0191(3) Fac - Training - 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 [redacted] at The Place at Stuart. The facility had deficiencies found at the time of the visit.

This Relicensure survey was conducted in conjunction with complaint survey CCR# 2014006855; please see separate report for findings.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on employee record review and staff interview, the facility failed to ensure employees obtained evidence of an annual negative [redacted] examination, for 1 of 4 sampled employees (Employee B).

The findings include:

On [redacted] a review of the employee record for Employee B revealed this employees did not have a current annual health statement from a health care provider verifying she was free from the signs and symptoms of [redacted]. The last [redacted] examination for Employee B expired on [redacted]. A note is contained in the employee file documenting lack of [redacted] as the reason for not having the [redacted] exam; however, there is no documentation from the Florida Department of Health or licensed health care provider certifying the shortage of [redacted] testing materials.

During interview conducted with Business Manager on [redacted] at 1:00 PM, she verified the note in the resident's file was written due to lack of [redacted] testing materials in the facility's nursing department; the Business Manager acknowledged a new [redacted] exam was overdue.

Class III

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

Based on employee record review and staff interview, the facility failed to provide or arrange for staff to complete the required in-service trainings within 30 days from date of hire, for 3 of 3 staff members whose in-service training records were reviewed (Employees A, B, and C).

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The findings include:

- 1) On _____, during review of in-service training records for Employee A (hire date _____), the following training certificates could not be found:
- a) Elopement Response
 - b) Emergency Preparedness
 - c) Incident Reporting
 - d) Resident Rights
- 2) On _____, during review of in-service training records for Employees B (hire date _____) and Employee C (hire date _____), the in-service trainings were found to be completed after the 30 day regulatory requirement for these trainings (Employee B completed trainings on _____ and Employee C completed trainings on _____):
- a) _____ Control
 - b) Elopement Response
 - c) Emergency Preparedness
 - d) Incident Reporting
 - e) Resident Rights
 - f) Recognizing/Reporting _____, Neglect, and _____

On _____ at 3:05 PM, an interview is conducted with the Business Manager. She acknowledged Employee A did not complete the in-service trainings, and the in-service trainings for Employees B and C were completed after the 30 day requirement.

Class III

0082-Training - 58A-5.0191(3) FAC

Based on employee record review and staff interview, the facility failed to provide or arrange for staff to complete the _____ training within 30 days from date of hire, for 3 of 3 staff members whose in-service training records were reviewed (Employees A, B, and C).

The findings include:

- a) On _____, during review of in-service training records for Employee A (hire date _____), a training certificate for completion of _____ education course could not be found.
- b) On _____, during review of in-service training records for Employees B (hire date _____) and Employee C (hire date _____), the training certificates for the _____ education course was found to have been completed after the 30 day regulatory requirement for this training. Employee B completed the training on _____ and Employee C completed the training on _____.

On _____ at 3:05 PM, an interview is conducted with the Business Manager. She acknowledged

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Employee A did not complete the training; and Employees B and C completed the training after the 30 day requirement.

Class III

0090-Training -

58A-5.0191(11) FAC

Based on employee record review and staff interview, the facility failed to provide or arrange for staff to complete the Policy & Procedure training within 30 days from date of hire, for 2 of 3 staff members whose in-service training records were reviewed (Employees A and C).

The findings include:

On during review of in-service training records for Employee A (hire date a training certificate for completion of education course could not be found.

On during review of in-service training records for Employee C (hire date the training certificate for the education course in the facility's policy and procedure was found to have been completed after the 30 day regulatory requirement for this training. Employee C completed the training on

On at 3:05 PM, an interview is conducted with the Business Manager. She acknowledged Employee A did not complete the training in the facility's policy and procedures; and Employee C completed the training after the 30 day requirement.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Place At Stuart, The
860 S.E. Central Parkway
Stuart, FL 34994

RE: Relicensure survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representatives 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 5000-3540
XG90

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