STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967962	09/11/2014
NAME OF PROVIDER OR SUPPLIER **Transition Care Assisted Living Facility**	STREET ADDRESS, CITY, STATE, ZIP CODE **1613 SW Meridian Ave Port Saint Lucie, FL 34953**	
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 - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced abbreviated Relicensure survey was conducted on . 2014 at Transition Care Assisted Living Facility. 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 an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff A) had freedom from . . . documented on an annual basis.

The findings include:

The personnel file for Staff A was reviewed for freedom from documented on an annual basis. There was no documentation of this dated within the previous year. The Administrator was interviewed at approximately 3:30 PM on and confirmed that the documentation was not present and available for review.

Class III

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

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff B) had obtained training in within 30 days of employment (unless the new staff person previously completed the training).

The findings include:

The personnel file for Staff B (date of hire was reviewed for documentation of training in . . . . . There was no indication that this staff member had previously completed the training. There was no documentation of training in . . . . available for review. The Administrator was interviewed at approximately 3:30 PM on . . . and confirmed that the documentation was not present and available for review.
Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff

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B) who prepare or serve food, who have not taken the ALF core training, had received a minimum of 1-hour in-service training within 30 days of employment in safe food handling practices.

The findings include:

The personnel file for Staff B (date of hire was reviewed for documentation of a minimum of 1-hour in-service training completed within 30 days of employment in safe food handling practices. There was no documentation of this training available for review. The Administrator was interviewed at 3:30 PM on and confirmed that the documentation was not present and available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Transition Care Assisted Living Facility
1613 SW Meridian Ave
Port Saint Lucie, FL 34953

RE: Abbreviated Survey

Dear Administrator:

This letter reports the findings of an abbreviated 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 representatives. 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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