STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964457	09/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Greenbriar Retirement	3615 McNeil Road Apopka, FL 32703	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D

0000-Initial Comments
Extended Congregate Care (ECC) Monitoring visit was conducted on Greenbriar Retirement had a deficiency found at the time of the visit.

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on record review and interview the facility failed to ensure staff who worked alone, they had completed a current First Aid course for 1 of 3 sampled staff (B).

Findings:

Review of the staff schedule for revealed staff B worked alone on the 7 PM to 7 AM shift.

Review of personnel files revealed staff B; an unlicensed caregiver did not have documentation of completion of a current course in First Aid. Staff B's First Aid certificate expired on

In an interview with the administrator on at approximately 2:30 PM who stated she was unable to locate staff B's First Aid certification.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Greenbriar Retirement
3615 McNeil Road
Apopka, FL 32703

RE: Extended Congregate Care Monitoring

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) 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 surveyor(s). Should you have any questions please call Lorraine Henry at 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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