STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910630	10/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Village On High Ridge	1800 South Drive Lake Worth, FL 33461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure Extended Congregated Care (ECC) survey was conducted on at The Village On High Ridge. The facility had a deficiency found at the time of the visit.

E210-ECC - Training 58A-5.0191(7) FAC
Based on record review and interview, the facility failed to ensure evidence that all direct care staff providing care to residents in an extended congregate care program completed 2 hours of in-service training within 6 months of beginning employment in the facility. This affected one (1) of 5 staff filed reviewed, Staff C.

The findings include:

Review of the personnel file for Staff C, a certified nursing assistant providing care to residents in the facility under the extended care program (ECC), revealed no evidence of in-service training on ECC since her hire date of . The file was reviewed with the registered nurse (RN) Marketing manager, as the RN Manager was not available. She said she would go to the business office as she is sure all staff had the training. The RN Marketing Manager returned at 10:23 AM and said the ECC training is not available for this staff. She said it would be on the sign-in sheet but not sure where the Nurse Manager keeps them. At approximately 12:43 PM, the Marketing Manager said she called the nurse manager but she has been unable to locate the ECC training for Staff C. At approximately 1:30 PM, there was no evidence of ECC training provided for Staff C.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
The Village On High Ridge
1800 South Drive
Lake Worth, FL 33461

Dear Administrator:

This letter reports the findings of a state licensure survey with Extended Congregate Care (ECC) 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 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 5000-3547 form
XG90

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