STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965625	10/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Active Senior Living Residence	9057 Nw 57th Street Tamarac, FL 33321	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Abbreviated Relicensure survey with Limited Nursing Services (LNS) was conducted on and at Active Senior Living Residence. The facility had deficiencies found at the time of the visit.

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on record review and interview, the assisted living facility failed to maintain a written work schedule to reflect its 24-hour staffing pattern for a given time period.

The findings Include:

Record review of the most current facility staff schedule titled " Staffing Pattern" provided by the Administrator revealed it to be undated . The week begins on Monday and ends on Sunday. Staff A was not listed on the schedule. Staff C was listed on the schedule to work daily from 7:00 AM- 10:00 AM and on Monday,Friday, Saturday and Sunday from 11:00 PM - 6:00 AM. Staff E was on the schedule Monday - Saturday from 6:00 AM - 2:00 PM.

A review of the time card for Staff A revealed that he worked on from 6:23 AM- 9:57 AM, on 6:25 AM- 10:35 AM, on 6:25 AM- 11:09 AM, and on 6:25 AM- 11:30 AM. A review of the time card for Staff E revealed she began her workday on at 12:52 AM.

In an observation conducted on (Monday) and (Tuesday), Staff C was not present in the facility between the hours of 9:00 AM and 10:00 AM.

In an interview conducted on at 11:40 AM with Staff E, she reported that she began at 1:00

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AM on because she cleans the kitchen at that time, and Staff C was not present as he is currently on vacation.

In an interview conducted with the Administrator on at 11:30 AM, she confirmed that the schedule did not reflect the current staffing. As evidence of Staff A was filling in for Staff C , who was currently on vacation, and had been on vacation since and would not be returning until She also confirmed that Staff E came in to work at 1:00 AM on to clean the kitchen and that it was not reflected on the current schedule.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and an interview, the facility failed to ensure that 1 out of 3 employees (Staff A), who provide direct care to residents, completed training.

The Findings Include:

Record review conducted of employee files revealed Staff A, a supervisor hired on did not have the required 1 hour of training.

The Administrator acknowledged the findings on at 11:45 AM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Active Senior Living Residence
9057 NW 57th Street
Tamarac, FL 33321

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on . . . . . 14, 2014 by representatives from 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/jw
Enclosure

XG90

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