STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966851	11/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Peace & Care Alf	8121 Nw 200 Terrace Miami Gardens, FL 33015	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on , 2014. Peace & Care ALF had deficiencies identified at time of the survey.

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

Based on record review and interview the facility failed to provide evidence of a negative examination on an annual basis for 1 out of 4 sampled staff (B).

Findings included:

Record review of the manager (staff B)'s file revealed that the last negative test was read on and expired on .

On at 10:58 am the facility's administrator stated that the manager has an appointment for next Friday to have a new test done.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on observation, record review, and interview the facility failed to make sure that staff that is responsible for the facility's food service obtain annually a minimum of 2 hours of continuing education on topics related to nutrition and food service in an assisted living facility.

Findings included:

At 9:30 am on , 2014 observed staff C cooking lunch for the residents and at lunch time observed staff C serving food to the residents.

Record review of C and D's files revealed that the last Nutrition and food service training for both of them expired on .

The administrator stated on , 2014 at 11:35 am that staff C has worked before in the facility but left twice and came back to work on and that she knows that staff D also needs the training because she also cooks for the residents and that she will call the dietitian for the caregivers to have a new training as soon as possible.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Peace & Care Alf
8121 Nw 200 Terrace
Miami Gardens, FL 33015

Dear Administrator:

This letter reports the findings of a Standard Biennal survey that was conducted on 4, 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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