STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967457	12/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Flamingo Care Llc	1270 Ne 174 Street North Miami Beach, FL 33162	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Specific Tag Findings:

0000-Initial Comments

A Extended Congregated Care (ECC)Monitoring Survey was conducted on , 2014. Flamingo Care LLC had the following deficiencies at time of the survey.

E210-ECC - Training 58A-5.0191(7) FAC

Based on record review and interview facility failed to ensure direct care staff providing care to residents in an extended congregate care program must complete a minimum of 2 hours of in-service within 6 months of beginning employment in the facility for 1 out of 5 (#E) sampled staff.

Finding include:

Record review showed there was no documentation of 2 hours in-service in topics relating to the physical, , or social needs of frail elderly and persons, or persons with 's or related for the staff #E.(hired on).

Interview with administrator on at 4:00 PM after review of file acknowledge staff #E did not received the the training update..

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Flamingo Care Llc
1270 Ne 174 Street
North Miami Beach, FL 33162

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 2, 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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