STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968395	12/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Avon Manor	4531 SW 34th Street Fort Lauderdale, FL 33312	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure Survey was conducted on at Avon Manor. The facility had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure that 1 out of 3 sampled employees (Staff B), who provide direct care to residents, had a statement from a physician documenting she was free from communicable including

The Findings Include:

Employee record review revealed Staff B (Certified Nursing Assistant with a hire date of did not have a current physician's statement indicating she was free from communicable Staff B did not have an annual physician's statement indicating she was free from

The Administrator could not provide the necessary documents for Staff B on at 1:50 PM.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to ensure 1 out of 3 sampled employees (Staff B) completed the required training within 30 days of employment.

The Findings Include:

Employee record review revealed Staff B (Certified Nursing Assistant hired on did not have the

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following trainings completed:

a. Elopement Response - 1 hour
b. Resident Rights - 1 hour
c. Recognizing and Reporting Neglect, and - 1 hour
d. Incident Reporting - 1 hour

The Administrator acknowledged the findings in an interview conducted on at approximately 1:50 PM. The Administrator also confirmed Staff B provides direct care to the residents at the facility.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and interview, the facility failed to ensure that 1 out of 1 Food Designees (Staff A) completed a 2 hour annual continuing education course on nutrition and food service.

The Findings Include:

Employee record review revealed Staff A, hire date had a training certificate for 2 hours on nutrition and food service with an expiration date of .

During an interview conducted on at approximately 12:15 PM, the Administrator (Staff A) stated he was the Food Designee. The Administrator stated he thought he had a recent training. The Administrator provided no additional documentation at the conclusion of the survey on at 2:05 PM.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and interview, the facility failed to ensure that 1 out of 3 employees sampled (Staff B), who provide direct care to residents, had the required in-service training on the facility's

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The Findings Include:

Employee record review revealed Staff B (Certified Nursing Assistant with a hire date of did not have the required 1 hour training on .

The Administrator acknowledged the findings in an interview conducted on at 1:50 PM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Avon Manor
4531 SW 34th Street
Fort Lauderdale, FL 33312

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on 15, 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 representatives. 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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