STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966315	01/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Smyrna West Assisted Living Fa	301 Milford Place New Smyrna Beach, FL 32168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures
0078-Staffing Standards - Staff-01/12/2015
0083-Training - First Aid And
0084-Training - Assis Self-Admin Meds & Med Mgmt-01
0161-Records - Staff-01/

Revisit Repeat Tags:
0000-Initial Comments-
0081-Training - Staff In-Service-58a-5.0191(2) Fac

Specific Tag Findings:

0000-Initial Comments
A follow up licensure survey was conducted on .....
Smyrna West Assisted Living Facility had Licensure deficiencies found at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on employee record review and staff interview, the facility failed to ensure that staff receive training on ..... control and activities of daily living for 1 of 5 sampled employees, Employee #D. This was previously cited on .....

The findings include:

Review of the Employee Record #D revealed she was hired as a caregiver on ..... She was not licensed personnel She did not have evidence of ..... control or activities of daily living. The Administrator on ..... at 10:10 a.m. confirmed that she did not have this documentation.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Smyrna West Assisted Living Facility
301 Milford Place
New Smyrna Beach, FL 32168

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiency identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/JM/sm
Enclosure

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