STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966400	01/20/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Phoenix Senior Living Ii, Inc.	5882 Nw 73rd Court Parkland, FL 33067	
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

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on at Phoenix Senior Living II. The facility had a deficiency found at the time of the visit.

0079-Staffing Standards - Levels 58A-5.019(3) FAC
Based on observation, interview and record review, the facility failed to make available upon request the past work schedules that reflect the facility's 24-hour staffing pattern for the week of 1 till , 2015.

The findings include:

Upon arrival to the facility at 9AM on , it was observed that two employees (Staff A and Staff C) were present in the facility providing care and services for a census of 6 residents.

A request was made to the Administrator to provide the facility's staffing schedule for the past three months. Upon review of the schedules provided it was noted the week of 2015 to 18, 2015 was not available. Upon request of this missing week staff schedule, the Administrator stated at around 12:30 PM on that she could not find the schedule for the week of , 2015 to , 2015. She further stated that she might have taken it home for payroll purposes and that she did not currently have it.

During the exit interview with the Administrator on at around 4:00 PM, she did not provide any additional information.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Phoenix Senior Living II, Inc.
5882 NW 73rd Court
Parkland, FL 33067

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by a representative 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 (30) 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/dso
Enclosure: State 5000-3547
XG90

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