| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11911029** | **01/28/2015** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Jc & C Alf** | **158 West 10 Street Hialeah, FL 33010** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0080 - 429.52(1-2) Fs; 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

A Medicaid Program Integrity and Health Quality Assurance monitoring survey was conducted on 2014. JC & C had the following deficiencies at time of the survey.

**0080-Training - Core & Competency Test 429.52(1-2) FS; 58A-5.0191(1) FAC**

Based on personnel record review and staff interview the administrator failed to have continuing education (12 hours every 2 years ) in topics related to assisted living facility,

Findings included:

Record review on at 1:00 pm showed that the facility's Administrator (hired ) did not have continuing education update in regards to their CORE completion in his personnel chart.

Interview on at 1:28 am with Staff A confirmed that the Administrator did not have the CORE training continue education update.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Jc & C Alf
158 West 10 Street
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a Medicaid Program Integrity and Health Quality Assurance monitoring survey that was conducted on , 2015 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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