STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910711	03/06/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Midtown Manor	2001 Polk Street Hollywood, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR# 2014009081, was conducted on . . . at Midtown Manor Assisted Living Facility.

The facility had a deficiency found at the time of the visit.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on record review and interview, the Assisted Living Facility failed to have an Assistant Administrator (Manager) that completed the CORE training requirements.

The findings include:

A review of the "FloridaHealthFinder.gov" website revealed that the Administrator is currently the Administrator of two Assisted Living Facilities. On , a review of staff personnel records revealed that the only staff persons, employed by the facility that is "CORE" trained is the Administrator. Further review of all of the facility's employee's records revealed no other employees that completed the "CORE" training requirement.

In an interview, with the Administrator, on . . . . . at approximately 10:15 AM, she stated that she is currently the Administrator of two Assisted Living Facilities; when asked, who the Manager was, she stated that she is also the Manager of both Assisted Living Facilities; stated she does not have a separate Manager; stated when she is not at the facility, Staff A, a Nursing Assistant, is in charge and she stated that Staff A is not "CORE" trained. During a further interview with the Administrator, on . . . . . at approximately 2:00 PM, she acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Midtown Manor
2001 Polk Street
Hollywood, FL 33020

RE: CCR #2014009081

Dear Administrator:

This letter reports the findings of a complaint 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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. **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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

Enclosure: State (5000-3547) Form
AMD

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com