STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942940	**03/09/2015**
NAME OF PROVIDER OR SUPPLIER **South Oaks Assisted Living Home, Llc**	STREET ADDRESS, CITY, STATE, ZIP CODE **6141 Sw 34th Street Miramar, FL 33023**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - E203 - 58a-5.030(4) Fac - Ecc - Staffing Requirements

Specific Tag Findings:

0000-Initial Comments
An unannounced ECC Monitoring Survey was conducted on at South Oaks Assisted Living Home, LLC Assisted Living Facility. The facility had a deficiency found at the time of the visit.

E203-ECC - Staffing Requirements 58A-5.030(4) FAC
Based on interview and record review, the facility failed to comply with the training requirements for Extended Congregate Care.

The findings include:

Review of the training records, for the Administrator and the facility's direct staff, revealed no evidence of documentation of dates and hours of training.

In an interview with the facility's Administrator, on at approximately 9:25 AM, he agreed that the required training for the Administrator and the facility's direct care staff was not documented as required.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
South Oaks Assisted Living Home, LLC
6141 SW 34th Street
Miramar, FL 33023

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 deficiency that was 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/
Enclosure: State Form 5000-3547

XG90

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida