STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966453	03/17/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Oceanview Retirement Home	3091 NW 43rd Street Lauderdale Lakes, FL 33309	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - L243 - 429.075(1) Fs; 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on [redacted] at Oceanview Retirement Home Assisted Living Facility. The facility had a deficiency found at the time of the visit.

L243-LMH - Training 429.075(1) FS; 58A-5.0191(8) FAC
Based on record review, observation and interview, the facility failed to ensure that direct care staff receive 3 hours of continuing education in Limited Mental Health Training biennially for 2 of 4 sampled staff records reviewed (Staff C and D).

The findings include:

1. A review of the personnel file of Staff C revealed that the staff's Limited Mental Health training was completed on [redacted].

A review of the Facility's Staffing schedule for the week of [redacted] revealed that Staff C was assigned, cooking, medication pass (emergency situations), maintenance, grounds, transportation, sodas and grocery duties.

In an interview, conducted on [redacted] at 2:00 PM Staff C confirmed that he had not completed the 3 hours of Limited Mental Health Training continuing education; further stated that his main responsibility is maintenance; goes into the resident [redacted] and repairs broken things, and if the residents need any assistance, he assists.

2. A review of the personnel file of Staff D revealed that his Limited Mental Health training was completed on [redacted].

Observation conducted on [redacted] at 12:00 PM and at 4:00 PM, Staff D reveals Staff D assisting residents with self-administration of medications. In an Interview conducted with the Staff D on [redacted] at 12:00 PM, he confirmed that he has not taken the 3 hours of Limited Mental Health Training continuing education.

In an interview, conducted with the Administrator and Assistant Administrator on [redacted] at 12:00 PM, they reviewed the files of Staff C and Staff D and confirmed the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Oceanview Retirement Home
3091 NW 43rd Street
Lauderdale Lakes, FL 33309

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted on ..... 17, 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

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