STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967329	**03/25/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
JOAN'S VILLA ALF	**5907 INGRAM ROAD APOPKA, FL 32703**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Conducted Extended Congregate Care (ECC) monitoring on . . Joan's Villa ALF had a deficiency found at the time of the visit.

E210 - ECC - Training - 58A-5.0191(7) FAC

Based on record review and interview the facility failed to ensure and document that all staff providing care to residents in an Extended Congregate Care Program (ECC) Program had the required 2 hours of ECC training within 6 months of employment.
Findings:
On , 2015 a review of staff # A and staff # B employment records revealed that neither had documentation of completing the 2 hour Extended Congregate Care (ECC) training.
On . . . . 25 at 11:30 AM an interview was conducted with the administrator who stated that she does not know what happened to the documentation proving that staff #A and staff # B completed the required 2 hours ECC training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Joan's Villa Alf
5907 Ingram Road
Apopka, FL 32703

Dear Administrator:

This letter reports the findings of a state licensure 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 Lorraine Henry at 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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