STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965201	04/22/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ASSISTED LIVING OF PEMBROKE PINES	1985 NW 179TH AVE PEMBROKE PINES, FL 33029	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on at The Assisted Living Of Pembroke Pines at. The facility had deficiencies found at the time of the visit.

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on interview and record review, the facility's Administrator failed to appoint in writing a manager who is not listed as administrator of any other facilities.

The findings include:

During an interview with the appointed manager (Staff E) for the facility (Facility E) on at 11:00 AM, she reported that she is the manager in charge of the facility, and verified in writing her appointment as the facility's manager. Review of the record presented confirmed that the Admistrator (Staff A) indeed appointed her as the manager of the facility. Further inquiry revealed that she (the manager/Staff E) and the facility's administrator (Staff A) are also Admistrators/Owners of five facilities combined. She reported that she is currently the Administrator of two and Staff A the Administrator of three.

The manager (Staff E) of this facility (Facility E) also indicated that she is the current documented (on record with AHCA) Administrator at the following facilities:
1) Facility A
2) Facility B
The Administrator (Staff A) of this facility (Facility E) is the current documented (on record with AHCA) Administrator at the following three facilities:
3) Facility C
4) Facility D
5) Facility E

During the exit interview with Staff E on , she reported that the Administrator was out of the country and would not be available until the following month. Staff E also aknowledged aformentioned and that no further documentation was available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Assisted Living Of Pembroke Pines
1985 NW 179th Ave
Pembroke Pines, FL 33029

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on 2015 by a representative from 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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