STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967631	**04/29/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BALMORE HOUSE	**12137 86TH ROAD NORTH WEST PALM BEACH, FL 33412**	

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

0000 - Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on at Balmore House. The facility had a deficiency found at the time of the visit.

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on employee record review and staff interview, the facility failed to ensure care staff who have completed a course in First Aid and currently holds a valid card documenting completion of such courses are in the facility at all times, for 1 of 2 employees whose records were reviewed (Employee A).

The findings include:

On during employee record review for Employee A (whose date of hire is and who is the primary live-in caregiver at the facility), a current, valid First Aid Certification card could not be located. Review of the facility's staffing schedule revealed Employee A is the only employee present in the facility at various times daily.

During interview with the Administrator on at 1:00 PM, she acknowledged Employee A's First Aid Certification had expired. However, the Administrator could not provide any documentation indicating prior First Aid training. The administrator stated, "It was an oversight" She ensured she would make sure Employee A completed the course as soon as she returned from vacation.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Balmore House
12137 86th Road North
West Palm Beach, FL 33412

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on 2015 by 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

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