STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968366	05/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
DEJAY'S ADULT CARE, LLC	700 NW 65TH AVENUE PLANTATION, FL 33317	

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

0000 - Initial Comments

An unannounced Extended Congregated Care Services (ECC) monitoring survey was conducted on at Dejay's Adult Care. The facility had deficiencies found at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on interview and record review, the facility failed to properly complete the Resident Health Assessment Form, 1823 as evidenced by the failure of the Administrator to complete section #3 identifying Services Offered or Arranged by the facility for 1 of 2 sampled residents, (Resident #2.)

The findings included:

Record review of Resident #2's medical records indicated Section #3 of the Resident Health Assessment Form dated on , had not been completed by the Administrator.

In an interview with the Administrator on at 11:00 AM she reviewed the record and stated that she had failed to complete section #3 of the 1823 Health Assessment Form for Resident #2.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on interview and record review, the facility's Administrator failed to successfully pass the Assisted Living Facility CORE competency test indicating knowledge of resident care standards and licensure requirements under section 429.52, F.S.

The findings included:

Record review of the Owner/Administrator's personnel record indicated that on she completed the initial 26 hours of CORE training in related topics for assisted living. Review of the record indictated that on , the Administrator completed an additional 12 hours of continuing education training. Further review of a copy of written testing results indicated that the Administrator had taken the CORE competency test on and failed to achieve the minimum required passing score.

In an interview with the Administrator on at 9:00AM, she stated that she had taken the CORE competency examination on and had not passed. She stated that she was aware that as the Administrator of the facility, she must pass the CORE competency exam. She stated that she was planning on taking the examination again but was unable to provide any registration documentation for the future planned examination.

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

0080 Continued From page 1

Class III

E206 - ECC - Service Plans - 58A-5.030(7) FAC

Based on interview and record review, the facility failed to ensure that the Extended Congregate Care (ECC) service plan for one of one sampled residents, (Resident #1) was updated quarterly.

The findings include:

Review of Resident #1 ' s record on revealed that there was no documentation that a service plan quarterly update had been completed by the ECC supervisor. The last update to the service plan had occurred on

In an interview with the Administrator on at 10:30 a.m., she stated that she was unable to locate the document in the file even though she believed that the ECC supervisor had completed it. The Administrator stated that she was aware that Resident #1's service plan must be updated quarterly.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on interview and record review, the facility failed to ensure that one of three sampled employees, (Employee C) providing personal care to residents had completed a Level II Background Screening and was determined eligible.

The findings include:

On at 10:07 a.m., the Administrator stated that Employee C comes to the facility at least every two weeks to care for the residents and if the Administrator has to run errands and Employee B is not available.

Review of the posted staffing schedule reflected that Employee C was scheduled to work at the facility as needed.

Record review of Employee C's personnel file on indicated that documentation of a current Level II Background Screening for Employee C was not found in the record. The last background screening for the Employee C had been conducted on

Review of the AHCA Background Screening Database on indicated that there was no current eligible Level II Background Screening for Employee C.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Z815 Continued From page 2

In an interview with the Administrator on at 10:30 AM, she stated that she was unaware that Employee C needed a new level II background screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Dejay's Adult Care, Llc
700 NW 65th Avenue
Plantation, FL 33317

RE: Extended Congregated Care Services (ECC)

Dear Administrator:

This letter reports the findings of a State Licensure 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,

for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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