

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/14/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968079	(X3) DATE SURVEY COMPLETED 04/30/2015
NAME OF PROVIDER OR SUPPLIER BALMORE PLACE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 14315 83RD LN N LOXAHATCHEE, FL 33470	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on _____ at Balmore Place Assisted Living Facility. 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 within the record. Review of the facility's current staffing schedule revealed this employee works alone in the facility at various times providing direct care to the residents.

During interview with the Administrator on _____ at 11:30 AM, she acknowledged Employee A has not completed a First Aid Certification course. The Administrator stated, "I thought she had 30 days from the date of hire to complete it. She is scheduled to attend the training tonight." The Administrator was informed that First Aid and _____ Training must be completed prior to being left alone to care for the residents, as someone with First Aid/L_____ must be in the facility at all times.

Class III



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Baltimore Place Assisted Living Facility
14315 83rd Ln N
Loxahatchee, FL 33470

Dear Administrator:

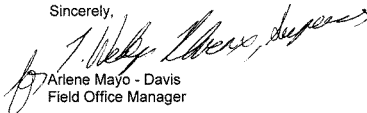
This letter reports the findings of a State Relicensure Survey that was conducted on 2015 by representative from this office.

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,


Ariene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

