STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	05/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ALLEGRO AT ABACOA, LLC (THE)	1031 COMMUNITY DRIVE JUPITER, FL 33458	

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

0000 - Initial Comments

An unannounced Assisted Living Facility Change of Ownership (CHOW) survey was conducted on and , at Allegro at Abacoa.Llc (the). The facility had deficiencies found at the time of the visit.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure that all direct care staff members who are not nurses,certified nursing assistants, or home health aides received the required in-service training within 30 days of employment, for 1 out of 4 sampled employees' records reviewed (Staff B) .

The Findings Include:

A review of Staff B's (hire date) personnel file revealed the record lacked documentation indicating the employee received the required training as follows:
a) 1 hour in-service training covering :
1. Control
b) 3 hour in- service training covering :
1. Resident Behavior and needs.
2. Providing assistance with activities of daily living.

In an interview conducted with Staff B on at 11:06 AM, she stated she assists the residents in showering, dressing, transfers, and providing personal care.

In an interview conducted with the Resident Services Director, on at 11:20 AM , she confirmed that Staff B provides direct care to the residents. In an interview conducted on 12:50 PM with the Assistant Community Director, she reviewed the file and confirmed the findings.

Class

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on record review and an interview, the facility failed to ensure that 2 of 3 sampled staff (Staff A and C) who have regular contact with or provide direct care to residents with ADRD and Related in this facility that maintained a secured unit had obtained 4 hours of annual update training (ADRD).

The findings include:

The personnel file for Staff A and C were reviewed for training in ADRD and did not contain documentation of 4 hours of annual update training in ADRD. The following training was documented and available for review:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	**05/27/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ALLEGRO AT ABACOA, LLC (THE)	**1031 COMMUNITY DRIVE JUPITER, FL 33458**	

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

0086 Continued From page 1

a) Staff A-Date of Hire [redacted]: documented training for Level II (4 hours) was completed on [redacted].

Staff C-Date of Hire [redacted]: documented training for Level II (4 hours)was completed on [redacted].

During interview with the Assistant Community Director at approximately 12:45 PM on [redacted], she acknowledged the staff members did not have documentation of annual update training in ADRD (4 hours) completed as required.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Allegro At Abacoa, Llc (The)
1031 Community Drive
Jupiter, FL 33458

RE: Change of Ownership (CHOW)

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,

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