STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965700	**06/04/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
MAPLES LEAF ASSISTED LIVING FACILITY	**24 MEAD PLACE STUART, FL 34997**	

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

0000 - Initial Comments

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

Please note: An unannounced Limited Nursing Services (LNS) Monitoring survey was conducted on at Maple Leaf Assisted Living. The facility had no deficiencies identified at the time of the LNS survey.

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

Based on observation, employee record review and staff interview, the facility failed to provide or arrange for a 1 hour in-service training, within 30 days of employment, in safe food handling practices, for 1 of 2 employees (Employee B).

The findings include:

Record review revealed Employee B documented date of hire as as a Home Health Aide. At the time of Employee B's record review, there was no certificate indicating completion of a 1 hour in-service training in safe food handling practices.

During the survey between the hours of 9:30 AM and 2 PM on Employee B was observed providing direct care to residents and assisting with the preparation and service of food. During an interview with Employee B, at this time, she confirmed aforementioned.

An interview conducted with the Administrator on at 1:45 PM, she confirmed Employee B has not yet completed the safe food handling in-service training. The Administrator acknowledged this training should have been completed within 30 days from Employee B's hire date.

Class

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on employee record review and staff interview, the Food Designee failed to obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility (Employee A).

The findings include:

During an interview with the Administrator (Employee A) at 11 AM on she confirmed she is the designated food service manager for the facility. Record review of Employee A's file confirmed the food service designation. Further record review revealed Employee A's file failed to have documentation indicating the completion of the

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SUMMARY STATEMENT OF DEFICIENCIES
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0085 Continued From page 1

annual 2-hour continuing education training in Food and Nutritional topics pertinent to Assisted Living could be located within the employee's file.

An interview conducted with Employee A on . . . . at 1:45 PM confirms she has not yet completed the annual Food and Nutrition continuing education training. The last Food and Nutrition training expired 2014.

Class . .

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Maple Leaf Assisted Living Facility
24 Mead Place
Stuart, FL 34997

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted on , 2015 by a representative of 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 -Davis
Field Office Manager

AMD
Enclosure

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