STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968500	**06/11/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
PRIVATE LIFE RETIREMENT PLACE, INC.	**1451 NE 30TH STREET POMPANO BEACH, FL 33064**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on at Private Life Retirement Place, Inc. The facility had deficiencies found at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and review of the staff personnel records the facility failed to ensure that 1 out of 1 staff members (Staff A), submitted an annual statement from a physician, that the person was free from and communicable

The findings include:

Record review of Staff A's personnel record revealed she is the Administrator and the only employee of the facility as a certified nurse assistant providing direct care to residents. Further review revealed Staff A's file lacked documentation from a physician indicating the employee is free from and communicable

In an interview with Administrator on at approximately 2 PM, she acknowledged the findings.

Class III

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

Based on interview and record review, the Assisted Living Facility (ALF) Administrator failed to retake the CORE competency test and participate in 12 hours of continuing education in topics related to assisted living every 2 years as provided under section 429.52, F.S.

The findings include:

On , a record review of Administrator's file revealed she is the Administrator of this facility since 2011 and the last ALF CORE training update was completed from 2013 through 2014. Record review revealed the Administrator was missing 3 hours of continuing education in topics related to: Resident Rights, Emergency Preparedness and Evacuation Procedures, and Incident Reporting. Further record review found no documentation indicating a passing score for the ALF CORE competency test.

In an interview with the Administrator on at approximately 2 PM, she stated that she is currently the only Administrator and the only employee. The Administrator stated she took the CORE competency test, but did not pass it. At 2 PM, she acknowledged the findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968500	06/11/2015
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0162 Continued From page 1

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the assisted living facility failed to ensure 1 out of 2 (Resident #2) sampled residents' records reviewed who receive assistance with self-administration by unlicensed staff have a completed written informed consent.

The Findings Include:

On , a record review of Resident #2 revealed she was admitted to the facility on . Record review found an informed consent for unlicensed staff to assist with medications, but lacked signatures and dates.

Observations and facility record review on revealed the facility has only one staff member (Administrator) employed. Record review found Resident #2 had a medication observation record which was being completed by the unlicensed staff member.

In an interview with the administrator on at approximately 11 AM, she stated the consent for unlicensed staff to assist with medications is in the file but was unaware that it was not signed and dated. At 11 AM, she acknowledged the finding.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Private Life Retirement Place, Inc.
1451 Ne 30th Street
Pompano Beach, FL 33064

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on . : 11, 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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct an on-site 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/sf
Enclosure
XG90

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