STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964592	**06/22/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
MEADOW BROOK RETIREMENT HOME, INC	**6741 EVANS STREET HOLLYWOOD, FL 33024**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on at Meadow Brook Retirement Home, Inc. The facility had defiencies found at the time of the visit.

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

Based on record review and interview, it was determined that the facility failed to ensure that all employees had documentation from a healthcare provider annually indicating that the employee was free from for 1 out of 3 employees (Employee B).

The findings include:
Review of the employee records on revealed that Employee (B) did not have an updated freedom from evaluation completed in her record. The last documented test expired on During an interview with Employee (B) during the entrance conference on and the Administrator at around 10:00 AM, they reported and confirmed that Employee (B) works and sleeps at the facility Monday through Friday. Observations conducted during the survey on revealed that Employee (B) a home health aide was providing direct care to all the residents.

During an exit meeting, the Administrator provided no additional information and she agreed with the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Meadow Brook Retirement Home, Inc
6741 Evans Street
Hollywood, FL 33024

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state 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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct an onsite visit 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
Enclosure

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