

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/01/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11922279	(X3) DATE SURVEY COMPLETED 06/16/2015
NAME OF PROVIDER OR SUPPLIER EASTBROOKE GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 201 SUNSET DRIVE CASSELBERRY, FL 32707	

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

0000 - Initial Comments

Extended Congregate Care monitoring visit was conducted on Eastbrooke Gardens Assisted Living Facility had a deficiency found at the time of the visit.

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to ensure staff had a certificate that included the credentials of the trainer for the annual training for 1 of 4 sampled staff (D).

Findings:

Review of personnel files revealed staff D did not have documentation to review that indicated the credentials of the trainer for the annual training certificate dated

On at approximately 4:45 PM, the assisted living facility manager said she was not aware staff D's employee file did not contain the required certificate.

Class



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Eastbrooke Gardens
201 Sunset Drive
Casselberry, FL 32707

RE: ECC monitoring

Dear Administrator:

This letter reports the findings of an ECC state licensure monitoring survey that was conducted on _____, 2015 by representative(s) 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 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 surveyor(s). Should you have any questions please call Lorraine Henry at _____.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be

Enclosure

XG90

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