STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966564	07/08/2015
NAME OF PROVIDER OR SUPPLIER CAROLINA CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2460 KATHI-KIM STREET COCOA, FL 32926	

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

0000 Initial Comments

The biennial re-licensure survey was conducted on / . Carolina Care had deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure the Health Assessment (Agency for Health Care Administration form 1823), was completed for 1 of 5 sampled residents (#2).
Findings:
Record review for resident #2 revealed the resident was admitted on / / . Further review revealed that under Special Diet Instructions the form was blank.
In an interview with the administrator on at approximately 1:00 pm she stated she did not notice the area regarding diet.
Class III

0025 Resident Care - Supervision

Based on interview and record review the facility failed to maintain a general awareness of 1 of 4 sampled residents (#1) whereabouts.
Findings:
Resident record review for resident #1 was completed. The review revealed he was admitted on .
Further review reveals under Special Precautions: Eloping/missing.
In an interview with Staff D on / at approximately 10:45 am, he stated he was working on / / , when law enforcement brought resident #1 back to the door. He stated he saw resident #1 at approximately 7 am, then went to do his normal rounds. He stated before he was done law enforcement was at the door with resident #1.
Review of law enforcement Incident Report was completed. The report reveals that at approximately 6:35 am they received a call regarding an elderly male was walking around. Further review reveals that at 8:03 am they returned the elderly male to the facility.
In an interview with the administrator on , at approximately 1:00 pm she stated she was aware of the incident and did the adverse incident reports.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Carolina Care
2460 Kathi-Kim Street
Cocoa, FL 32926

RE: Relicensure

Dear Administrator:

This letter reports the findings of a state licensure 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 attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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