STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966938	08/10/2015
NAME OF PROVIDER OR SUPPLIER **BETSY'S LOVING HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **309 SW 68TH AVENUE** **PEMBROKE PINES, FL 33023**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted at on 08/10/15 at Betsy's Loving Home, Inc. Assisted Living Facility. The facility had deficiencies identified at the time of the survey.

0082 Training - /

Based on staff record review and interview, the facility failed to ensure one out of three sampled staff (Staff C) had completed a one time education course on and .

Findings include:

Facility's record review on revealed sampled Staff C (hire date /) employee file did not include documented evidence of / training.

On / at 3:10 PM Staff A stated, " She probably has the training in another file. " However, no further documentation was provided.

Class

0090 Training -

Based on record review and interview, the facility failed to ensure that all staff members had completed the required in-service training within 30 days of hire, for one out of three sampled employee records reviewed (Staff B).
The findings include:
Record review on / of Staff B (hire date) employee file revealed it did not contain documentation indicating the employee had completed the following in-service training:
( ).
On / at 1:35 PM, Staff A stated, " She will do the in-service as soon as possible. "
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Betsy's Loving Home, Inc
309 SW 68th Avenue
Pembroke Pines, FL 33023

RE: Standard Biennial Survey

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2015 by a representative from 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 representative Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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