STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968147	08/11/2015
NAME OF PROVIDER OR SUPPLIER **EL PINAR ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3082 EGREMONT DR** **WEST PALM BEACH, FL 33406**	

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

0000 Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on 8/11/15 at El Pinar Assisted Living Facility. The facility had deficiency found at the time of the visit.

0083 Trainina - First Aid and

Based on employee record review and staff interview, the facility failed to ensure a staff member who has completed an accredited course in First Aid and holds a currently valid card documenting completion of such a course is in the facility at all times. This is evident of 1 of 3 staff whose records were reviewed, and who was on duty alone in the facility with the residents and did not have First Aid certification (Staff B).

The findings include:

On / / , an employee record review was completed for Staff B (hire date /), whose work schedule is 7:00 PM to 7:00 AM on Fridays, Saturdays, and Sundays. At this time, documentation that Staff B had completed an approved First Aid course could not be located. On I/ at approximately 11:00 AM, a request was made to the Administrator for the missing documentation for Staff B. The Administrator could not produce the documentation, so she contacted Staff B to inquire if this staff member could produce documentation of First Aid Certification. Staff B could not produce evidence a First Aid course had been completed.

During an interview with the Administrator on :/ I/ at approximately 11:10 AM, she confirmed Staff B would be the only staff in the facility from 10:00 PM until 7:00 AM on the days she is scheduled to work; therefore, it would be necessary that Staff B hold a currently valid certification in First Aid.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
El Pinar Assisted Living Facility, Inc
3082 Egremont Dr
West Palm Beach, FL 33406

Dear Administrator:

This letter reports the findings of a state licensure 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 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 representatives. Should you have any questions please call this office at 561-381-5640.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/jw

XG90

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