State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11968366	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/13/2015
Name of Facility DEJAY'S ADULT CARE, LLC	Street Address, City, State, Zip Code 700 NW 65TH AVENUE PLANTATION, FL 33317	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0008 Reg. # 429.26(4-6) FS: 58A-5.0181 LSC		ID Prefix AE206 Reg. # 58A-5.030(7) FAC LSC		ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date: 8/27/15	Signature of Surveyor: [signature] for L. [signature]	Date: 8/27/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: / /

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968366	R 08/13/2015
NAME OF PROVIDER OR SUPPLIER DEJAY'S ADULT CARE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 700 NW 65TH AVENUE PLANTATION, FL 33317	

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

0000 Initial Comments

An Extended Congregated Care Services (ECC) Monitoring Survey Revisit was conducted on 08/14/15. Dejay's Adult Care Assisted Living Facility with Extended Congregated Care component had the following deficiencies found at time of the survey:

0080 Training - Core & Competency Test

Based on interview and record review, the facility's Administrator failed to successfully pass the Assisted Living Facility CORE competency test indicating knowledge of resident care standards and licensure requirements under section 429.52, F.S.

Findings Included:

Record review of the Owner/Administrator's personnel record indicated that on 6/8- I/ , she completed the initial 26 hours of CORE training in related topics for assisted living. Review of the record on , revealed the Administrator completed an additional 12 hours of continuing education training. Further review of a copy of written testing results indicated that the Administrator had taken the CORE competency test on 2015 and failed to achieve the minimum required passing score.
On at 9:30 AM the Administrator stated, "I retook the test on 2015, but I only scored 64 this time, I have the book and I will study it again, I don ' t know what the problem is, I keep taking it and only score in the 60's I will schedule the test again for 2015."
Class III
Uncorrected

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Dejay's Adult Care, Llc
700 Nw 65th Avenue
Plantation, FL 33317

Dear Administrator:

This letter reports the findings of a state licensure revisit 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 and a State Form Revisit Report, 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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/dlt
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

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Twitter.com/AHCA_FL
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