STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968500	R 08/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIVATE LIFE RETIREMENT PLACE, INC.	**1451 NE 30TH STREET POMPANO BEACH, FL 33064**

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

0000 Initial Comments

An unannounced follow-up to the licensure desk review survey was conducted on 8/21/2015 and 9/1/2015. Private Life Retirement Place, Inc. had an uncorrected deficiency found at the time of the visit.

0080 Training - Core & Competency Test

Based on interviews and record review, the Assisted Living Facility's (ALF)Administrator failed to retake the CORE competency test and meet the state minimum requirement as administrator of the facility.

The findings include:

On / , a desk record review of the Administrator's file was conducted and revealed that she is the Administrator of this facility since 2011 and the last ALF CORE training update was completed on , 2015 evidenced by completion of 4 hours of Resident Rights and Residents Training, 4 hours of Emergency Preparedness training and 4 hours of Incident reporting training. Record review revealed the Administrator did not have the certification of completion to indicate that she had passed the CORE competency test, as required.

During multiple interviews with the Owner on / at 4:45 PM; / @3:45 PM, / at 3:30 PM, to obtain proof of the CORE competency test and/or to inquire whether the facility had appointed a new administrator eligible to run the facility and who had the CORE certificate. The Ower/Administrator confirmed that she had not passed the CORE competency test and and that she did not currently have an eligible person to act as the Administrator of the facility. She indicated that she was scheduled to retake the exam but had not done it yet.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Private Life Retirement Place, Inc.
1451 NE 30th Street
Pompano Beach, FL 33064

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on
21, 2015 by representatives of this office.

Attached is the provider's copy of the State 5000-3547 Form and State Revisit report, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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) 381-5840.

Sincerely,

Arlene Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547 and revisit report

YOSF

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com