

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/12/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910381	(X3) DATE SURVEY COMPLETED 09/29/2015
NAME OF PROVIDER OR SUPPLIER MARRIOTT HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2700 BROADWAY WEST PALM BEACH, FL 33407	

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

0000 Initial Comments

An unannounced Relicensure with Limited Mental Health survey was conducted on 09/29/2015 at Marriott Home Care. The facility had a deficiency found at the time of the visit.

L243 LMH - Training

Based on interview and record review, it was determined that the facility failed to ensure that the Administrator and staff that has direct contact with mental health residents in a licensed Limited Mental Health (LMH) facility received a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses, for 1 of 4 sampled staff (Staff D) and a minimum of 3 hours of continuing education biennially thereafter in subjects dealing with mental health topics, for 1 of 4 sampled staff (Staff B).

The findings include:

During interview and personnel record review with the Administrator and Staff B (with a date of hire noted as /), the Administrator acknowledged that Staff B did not have any 3 hour LMH update training in her personnel file. The Administrator asked Staff B to review her own (Staff B) personnel record to see if she could find any LMH update trainings. Staff B acknowledged that she was not able to find any LMH training for herself other than the initial 6 hour course on . The Administrator (date of hire noted as 1991) was informed that there was no LMH training that was found in her personnel record. She acknowledged that there was no LMH training in her file. She stated she was informed that because she was a RN (Registered Nurse) that she was not required to take this initial 6 hour training.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Marriott Home Care
2700 Broadway
West Palm Beach, FL 33407

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure 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 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 22, 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,


for Arlene Mayo-Davis
Field Office Manager

AMD

Enclosure

XG90

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