STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932585	12/03/2015
NAME OF PROVIDER OR SUPPLIER **FIVE STAR PREMIER RESIDENCES OF POMPANO**	STREET ADDRESS, CITY, STATE, ZIP CODE **1371 SOUTH OCEAN BLVD POMPANO BEACH, FL 33062**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on 12/02/2015 and 12/03/2015 at Five Star Premier Residences of Pompano Beach. The facility had a deficiency at the time of the visit.

0078 Staffing Standards - Staff

Based on record review, observation and interview, the facility failed to ensure 1 of 5 (Staff F/ Administrator) current staff member has evidence of an annual negative ( ) exam.

The findings include:

A review of Staff F/ administrator's personnel record, whose date of hire was / / , lacked documentation of an annual negative ( ) exam. The last documented negative exam was dated / .

In observations conducted on and / throughout the day, Staff F/administrator was observed directly interacting with the residents .
In an interview conducted on at 11:30 AM with the administrator, she acknowledged the findings and stated that she has an appointment this month to obtain documentation of an annual negative exam.

In an interview conducted on / at 1:50 AM with the Human Resource Director, she reviewed the file and confirmed the findings. She further stated that she called the physician's office, and there was no documentation available to provide for the required documentation of an annual negative exam.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Five Star Premier Residences Of Pompano Beach
1371 South Ocean Blvd
Pompano Beach, FL 33062

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted on , 2015 and , 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 , 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
Enclosure
XG90

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