

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/21/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922279	(X3) DATE SURVEY COMPLETED 11/03/2015
NAME OF PROVIDER OR SUPPLIER EASTBROOKE GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 201 SUNSET DRIVE CASSELBERRY, FL 32707	

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

0000 Initial Comments

Relicensure survey with Extended Congregate Care FS (ECC) was conducted on 11/1/15. Eastbrook Gardens had deficiencies at the time of the visit.

0080 Training - Core & Competency Test

Based on personnel record review and interview, the facility failed to ensure the administrator completed 12 hours of continuing education every two years.

Findings:

Review personnel files revealing that administrator did not complete any continuing education in the past two (2) years.

On 11/1/15 at approximately 2 PM, the office manager stated she could not find any 12 hours continuing education the administrator completed in the last two years. She stated that the administrator attends the annual Florida Assisted Living Association (FALA) conferences every year but he never thought to get certificates or signature documentation of hours of training completed during FALA conference.

E210 ECC - Training

Based on personnel record review and interview, the administrator failed to complete 4 hours of continuing education of extended congregate care (ECC) that can be in any education training related to Assisted Living Facility (ALF) every 2 years.

Findings:

The administrator's personnel file did not contain documentation of completion of 4 hours of continuing education in the past two (2) years.

On 11/1/15 at approximately 2:15 PM, the office manager stated she could not find any continuing education the administrator had completed in the last two years.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2015

Administrator
Eastbrooke Gardens
201 Sunset Drive
Casselberry, FL 32707

RE: Relicensure w/Extended Congregate Care

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on _____, 2015 by representative(s) 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 _____, 2016.** 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 surveyor(s). Should you have any questions please call Lorraine Henry at _____-2502.

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/be

Enclosure

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