STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968547	12/14/2015
NAME OF PROVIDER OR SUPPLIER **IDEAL CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **612 SPRING OAK CIRCLE** **ORLANDO, FL 32828**	

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

0000 Initial Comments

On , 2015 a biennial re-licensure survey was conducted on at Ideal Care Assisted Living Facility. Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on resident record review and interview the facility failed to ensure 1 of 5 sampled residents (#4) Health Assessment (AHCA Form 1823) was dated, documented contact address, and telephone number of the examining health care provider.

Findings:

During resident record review for resident #4 revealed that the Health Assessment (AHCA Form 1823) was missing date of examination, missing contact address and telephone number of health care provider.

On at approximately 4:45 PM, interview with the administrator who stated that she was unaware that resident #4's Health Assessment was not completed and correctly.

Class III

0080 Training - Core & Competency Test

Based on personnel record review and interview the administrator failed to complete 12 hours of continuing education every 2 years.

Findings:

Personnel record review revealed that administrator was missing 4 hours of the required 12 hours of continuing education every 2 years.

During interview with administrator on at approximately 4:45 PM who stated she was not aware she was short 4 hours of continuing education training.

Class III

0082 Training - HIV/AIDS

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968547	**12/14/2015**
NAME OF PROVIDER OR SUPPLIER **IDEAL CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **612 SPRING OAK CIRCLE ORLANDO, FL 32828**	

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

Based on staff personnel record review and interview, the facility failed to ensure that / training was completed within 30 days of employment for staff A.

Findings:

Review of Staff A's personnel record review revealed s/he was hired on / and did the receive / training completed within 30 days of employment.

In an interview on / at approximately 4:45 PM with the administrator, she stated that she overlooked this training for staff A.

Class III

0090 Training -

Based on personnel record review and interview the facility failed to ensure direct care staff completed the ( ) training within 30 days of employment (B).

Findings:

Staff B's personnel record review revealed date of hire / and there was no documentation of training in the record.

During interview with the administrator on / at 4:45 PM, who stated it was an oversight not providing this training to the staff.

Class III

0161 Records - Staff

Based on personnel record review and interview, the facility failed to ensure documentation of compliance with Level 2 Background screening for staff A.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968547	12/14/2015
NAME OF PROVIDER OR SUPPLIER **IDEAL CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **612 SPRING OAK CIRCLE** **ORLANDO, FL 32828**	

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

Personnel record review revealed that staff A's Level 2 Background screening documented results "awaiting privacy policy ." AHCA Background Screening (BGS) clearinghouse was checked during survey on at 4:30 PM, revealing staff A results as eligible to work .

During interview with the administrator on at 4:45 PM, she stated that she was unaware of what to look for on the Background screening (BGS) for Level 2 result printout. Administrator stated that she just printed it out the results and placed in staff A personnel record.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Ideal Care ALF
612 Spring Oak Circle
Orlando, FL 32828

RE: Relicensure

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

XG90

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