

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/13/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968794	(X3) DATE SURVEY COMPLETED 12/16/2015
NAME OF PROVIDER OR SUPPLIER GUIDING LIGHT SENIOR LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1025 NEWBERN ST NE PALM BAY, FL 32905	

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

0000 Initial Comments

A monitoring visit for Extended Congregate Care was conducted on [redacted] Guiding Light Assisted Living Facility had deficiencies found at the time of the visit.

0090 Training -

Based on record review and interview the facility failed to ensure 1 of 2 sampled staff (A), received an in-service training regarding the facility's policies and procedures regarding ().

Findings:

Personnel record review on [redacted] revealed no evidence to confirm that Staff A who was hired in 2011 received an in-service training regarding the facility's policies and procedures regarding ().

In an interview with the administrator on [redacted] at 10 AM who stated she was unable to locate the certificate.
Class III

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0309 STAFFING REQUIREMENTS

Based on record review and interview the facility failed to ensure 1 of 2 sampled staff (A), who provided direct care to residents in an ECC program, completed at least 2 hours of in-service training provided by the facility administrator or ECC supervisor within 6 months of beginning employment in the facility.

Findings:

Review of the facility's license revealed the Assisted Living Facility was license to provide ECC services. Personnel record review on revealed no evidence to confirm that Staff A who was a nurse and was hired on 2011 had received at least 2 hours of in-service training provided by the facility administrator or ECC supervisor within 6 months of beginning employment in the facility.

In an interview with the administrator on at 10 AM who stated she was unable to locate the certificate.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Guiding Light Senior Living Inc
1025 Newbern St Ne
Palm Bay, FL 32905

RE: ECC monitoring

Dear Administrator:

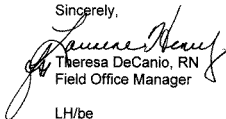
This letter reports the findings of a state licensure survey that was conducted on 2015 by representative(s) of this office.

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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