STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965391	01/15/2016
NAME OF PROVIDER OR SUPPLIER **AURORA OF THE TREASURE COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **6609 N. US1** **FORT PIERCE, FL 34949**	

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

0000 Initial Comments

An unannounced abbreviated relicensure survey was conducted on 01/15/2016 at Aurora of the Treasure Coast. The facility had a deficiency at the time of the visit.

0078 Staffing Standards - Staff

Based on interview and record review, it was determined the facility failed to ensure that each staff member had evidence of freedom from examination documented on an annual basis, by a Healthcare Provider, for 2 out of 5 sampled staff.

The Findings included:

During interview and employee record review conducted with the Administrator, on / beginning at approximately 10:00 AM, she acknowledged that the following staff members did not have documentation from a health care provider of a negative examination for 2015:

a) Staff B (direct care staff with a date of hire noted as): the last exam was on

b) Staff E (direct care staff with a date of hire noted as): the last exam was on

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Aurora Of The Treasure Coast
6609 N. US 1
Fort Pierce, FL 34949

Dear Administrator:

This letter reports the findings of a state abbreviated licensure survey that was conducted on , 2016 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 , 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com