RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
ALF of Pomona Park, Inc
422 Pleasant Street
Pomona Park, FL 32181

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Enclosed 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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968597	03/11/2016
NAME OF PROVIDER OR SUPPLIER **ALF OF POMONA PARK, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **422 PLEASANT ST** **POMONA PARK, FL 32181**	

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

0000 Initial Comments

On , 2016 a Biennial Licensure Survey with Limited Mental Health (LMH) was conducted at ALF of Pomona Park Assisted Living Facility. Deficient practice was identified. The facility was not in compliance at this time.

0083 Training - First Aid and

Based on record review and interview, the facility failed to ensure that staff had completed First Aid Training as required for 1 of 3 staff (Staff B).

Findings:

On / a record review was conducted on staff B's training. It was observed that she had no documentation in her record showing she had received First Aid Training as required.

On / at approximately 10:45 AM, the Administrator stated she thought that Staff B had First Aid Training, but she cannot find it. She also stated that Staff B does work in the facility by herself sometimes.

Class III