STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966687	03/21/2016
NAME OF PROVIDER OR SUPPLIER **TRINITY CARE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1298 VICTORIA DR W WEST PALM BEACH, FL 33406**	

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

0000 Initial Comments

An unannounced abbreviated Relicensure survey was conducted on 21, 2016 at Trinity Care Assisted Living Facility. The facility had deficiencies at the time of the visit.

0077 Staffing Standards - Administrators

Based on an interview and record review, the facility failed to ensure a qualified Manager was designated for the operation of the Administrator's second assisted living facility (ALF).

The findings included:

On / , the personnel files were reviewed and no designation of a Manager was present. On / at 2:00 PM, the Administrator stated that there was a designated Manager of this facility but that the Manager was also the Administrator of another ALF. During review of the Agency's database, it was revealed that the Administrator is currently the Administrator of two ALF's (assisted living facilities).

Class III

0078 Staffing Standards - Staff

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff B) had freedom from ( ) documented by a health care provider on an annual basis.

The findings included:

The personnel file for Staff B was reviewed for freedom from ( ) documented by a health care provider on an annual basis. There was no documentation of this dated within the previous year for this staff member. Staff B 's last documented freedom from was dated / /

The Administrator was interviewed at 2:30 PM on / and acknowledged that the documentation was not present and available for review. Further interview with the Administrator revealed no additional documentation by a health care provider was available at this time.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0083 Training - First Aid and

Based on record review and an interview, the facility failed to ensure a staff member who has completed courses in both First Aid and , and holds a currently valid card documenting completion of such courses, was in the facility at all times.

The findings included:

Review of the personnel files for Staff A and B, who worked various shifts, revealed no current training with valid cards documenting completion in First Aid (Staff A and B).

The Administrator was interviewed at approximately 1:30 PM on I/ and ackowledged that the documentation was not present and available for review for these staff members. No additional documentation was presented at this time.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Trinity Care Assisted Living Facility
1298 Victoria Dr W
West Palm Beach, FL 33406

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure 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
Enclosure
XG90

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