STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911702	03/22/2016
NAME OF PROVIDER OR SUPPLIER **VICTORIA'S RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **2233 NW 56TH AVENUE** **LAUDERHILL, FL 33313**	

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

0000 Initial Comments

An unannounced standard Relicensure with Limited Mental Health (LMH) survey was conducted on 22, 2016 at Victoria's Retirement Home. The facility had deficiencies at the time of the visit.

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to ensure training certificates with all required components were available for review for 1 out of 3 sampled staff (Staff B).

The findings included:

During interview and personnel record review conducted with the Administrator on / at 1:00 PM, the Administrator acknowledged that the following training certificates with all required components were not on file for Staff B (date of hire /):

a) Elopement Response Policy and Procedure (no time requirement)
b) Emergency Preparedness and Evacuation and Incident Reporting (1 hour)
c) Policy and Procedure (1 hour)

No additional documentation of the required training certificates with the signature of the trainor, date of training, amount of time of the training and the subject listed was presented at this time.

Class

Z816 Background Screening-Compliance Attestation

Based on record review and interviews, the facility failed to ensure that 1 out of 3 sampled staff (Staff B) who provided direct care services for residents was in compliance with the Level II criminal background screening requirement.

The findings included:

The personnel file for Staff B was reviewed for documentation of compliance with the Level II criminal background screening requirement. There was documentation in her file of this screening dated /. The Agency's background screening website also showed this screening date as the last screening completed.

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SUMMARY STATEMENT OF DEFICIENCIES
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Review of the employee's application showed the date of hire at this ALF as 1/15/16. The employers listed showed employment dates beginning in " 2015". There was no employment listed for more than 90 days after the last criminal background screening was completed on /

The Administrator was interviewed at 2:00 PM on / and acknowledged she was unable to show consistent employment (no 90 day break in service) for Staff B after the / background screening and before she was hired on /. No additional documentation was presented at this time.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

Administrator
Victoria's Retirement Home
2233 NW 56th Avenue
Lauderhill, FL 33313

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state 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
Enclosure
XG90

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