STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968366	**05/04/2016**
NAME OF PROVIDER OR SUPPLIER **DEJAY'S ADULT CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 NW 65TH AVENUE PLANTATION, FL 33317**	

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

0000 Initial Comments

An unannounced Extended Congregated Care (ECC) monitoring survey was conducted on 05/04/2016 at Dejays Adult Care Assisted Living Facility. The facility had deficiencies found at the time of the visit.

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to provide in-service training in the elopement policies and procedures for 1 of 1 sampled employee records (Employee A).

The findings include:

Review of Employee A personnel records on indicated that there was no documentation of in-service training in the facility elopement policies and procedures within the required 30 days of employment for the employee. Review of Employee A's employment application indicated that the employee had a date of hire of /.

In an interview with the facility owner on at 12:00 PM, she stated that Employee A had completed the inservice training but she could provide no additional information for review.

Class III

Z814 Background Screening Clearinghouse

Based on observation, interview and record review, the facility failed to maintain an employee roster with the employment status of all employees of the facility within the background screening (BGS) clearinghouse.
The findings include:
A record review of the employee roster for the facility on the Agency for Health Care Administration Care (AHCA) Provider Background Screening Clearinghouse website was conducted on at 11:35 AM. No employees were located.
Review of the facility staffing schedule for 2016 and 2016 indicated that there are 2 care staff scheduled to work at the facility, the facility owner and caregiver #A.
In an interview with the owner on at 11:40 AM she stated that she and caregiver #A were the only staff caring for the residents at the facility. She stated that she was not aware of the employee roster on the Background Screening Clearinghouse website and the requirement to maintain the employee roster.
In an interview with the Administrator on at 1:55 PM he stated that he was aware that the

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employee roster should be maintained within the BGS website and he would make the necessary corrections.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Dejay's Adult Care, LLC
700 NW 65th Avenue
Plantation, FL 33317

RE: Extended Congregated Care (ECC) Survey
Dear Administrator:

This letter reports the findings of a state licensure survey with Extended Congregated Care (ECC) 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

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