STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
AL11966872		

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTEL CARE INC	4973 BROADSTONE CIRCLE WEST PALM BEACH, FL 33417

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed	ID Prefix AZ814 Reg. # 435.12(2)(b-d), FS LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE 6/13/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
4/13/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966872	R 05/31/2016
NAME OF PROVIDER OR SUPPLIER **CHRISTEL CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4973 BROADSTONE CIRCLE** **WEST PALM BEACH, FL 33417**	

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

0000 Initial Comments

An unannounced revisit to the licensure survey was conducted on 1, 2016 at Christel Care Inc. The facility had an uncorrected deficiency at the time of the visit; A 0080. The facility corrected the following deficiencies; A 0054, A 0056, A 0080, A Z814.

0080 Training - Core & Competency Test

Based on record review and an interview, the facility failed to ensure the Administrator had completed CORE training and taken the competency test and obtained a passing score within 3 months from the date of appointment as the Administrator of the facility.

The findings included:

On and / at 2:30 PM, the personnel file for the Administrator was reviewed. The review failed to indicate any evidence that the Administrator had taken and obtained a passing score on the competency examination established by the Department of Elder Affairs (DOEA). The administrator stated during interview at this time that she was unaware that the training was required to be completed within 3 months of becoming the Administrator and confirmed that she had been the Administrator since . She acknowledged that she had not completed CORE competency test and was scheduled to take the exam on . The Administrator also confirmed that she was still the active Administrator of record for the facility as of the date of the survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Christel Care Inc
4973 Broadstone Circle
West Palm Beach, FL 33417

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on May 31, 2016 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit. **All deficiencies shall be corrected no later than , 2016.**

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
Enclosures: State 5000-3547 and Revisit Report

YOSF

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