STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911145	06/08/2016
NAME OF PROVIDER OR SUPPLIER **ELDERLY LIVING CENTER OF HOLLY**	STREET ADDRESS, CITY, STATE, ZIP CODE **810 OLEANDER** **HOLLY HILL, FL 32117**	

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

0000 Initial Comments

On , 2016 a biennial relicensure survey was conducted at Elderly Living Center Assisted LIving (License #6077) in Holly Hill, Florida. Deficient practice was identified during the surveys.

0085 Training - Nutrition & Food Service

Based on employee record review and staff interview, the facility failed to ensure the administrator or food service designee had 2 hours of continuing education annually.

The findings include:

A review of the employee record for the administrator revealed no proof of continuing education for food service annually. There were no other employees who were designated as the food service designee who had the training.

During an interview with the administrator on at 1:30 pm stated she did not have any training in the last year for food service designee. She also stated, no other employees have been designated or have received the training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Elderly Living Center Of Holly
810 Oleander
Holly Hill, FL 32117

Dear Administrator:

This letter reports the findings of a state licensure abbreviated 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 surveyor. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure
XG90

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