STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967356	**07/13/2016**
NAME OF PROVIDER OR SUPPLIER **EMMANUEL CARE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3628 DAISY AVE** **PALM BEACH GARDENS, FL 33410**	

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

0000 Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on 7/13/16 at Emmanuel Care Assisted Living Facility , License # 11412. The facility had deficiencies at the time of the visit.

0090 Training -

Based on employee record review and staff interview, 2 of 2 staff member interviewed did not know what a ( ) was or how to identify which resident had a in place (Staff A and Staff B).

The findings include:

On , during Staff Interviews concerning knowledge of orders, Staff A and Staff B could not provide an answer as to what a was. When it was explained that was a " , " both Staff A and Staff B did not understand the reason for the order was. Both staff believed it to be a type of order obtained by a physician stating not to do something.

During Staff Interview, Staff A was asked what she would do in the event a resident was found not breathing, she stated she would call 911 and start ( ). When asked if there was something she should know before beginning , Staff A did not acknowledge the need to check for a order.

Both Staff A and B did not know where a resident's order could be located, if applicable, nor were Staff able to describe the Form.

In / , a review of Staff A's employee record, hire date , showed she had completed a training on . Staff B, whose hire date is / / , completed a training on / .

On / at 2:40 PM, the Administrator acknowledge the need for additional training for Staff A and B regarding Orders and the facility's policies and procedures regarding .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Emmanuel Care Assisted Living Facility
3628 Daisy Ave
Palm Beach Gardens, FL 33410

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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida