STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968401	09/13/2016
NAME OF PROVIDER OR SUPPLIER **S&B KINGDOM CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **53 RIVIERE LANE** **PALM COAST, FL 32164**	

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

0000 Initial Comments

On , 2016 a re-licensure survey was conducted at S&b Kingdom Care Assisted Living Facility, License number 12302. Deficient practice was identified during the survey.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure that 1 of 3 sampled employees had annual documentation of a negative ( ) examination. (Employee B)

The findings include:

A review of Employee B's file was conducted on . There was a negative test in file which was dated . There was no evidence to show that Employee B had an updated document to show that she had a negative examination.

An interview was conducted with the Administrator on 12:10 pm on . She confirmed that Employee B last negative examination was completed on .

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to provide documentation of in-service training on Incident Reporting (Employee B and C), Emergency Prepardness (Employee B and C), Elopement (Employee B and C), and Resident Rights (Employee B) for 2 of 3 sampled employees.

The findings include:

A record review of Employee B file on revealed there was no Elopement, Emergency prepardness, Incident Reporting nor Resident Rights Training.

A record review of Employee C file on revealed there was no Elopement, Emergency prepardness, nor Incident Reporting Training.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968401	09/13/2016
NAME OF PROVIDER OR SUPPLIER S&B KINGDOM CARE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 53 RIVIERE LANE PALM COAST, FL 32164	

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

An interview was conducted with the Administrator at 12:30 pm on . Administrator confirmed that Employee B did not have the Elopement, Emergency preparedness, Incident Reporting nor Resident Rights Training. She also confirmed that Employee C did not have the Elopement, Emergency prepardness, nor Incident Reporting Training.

Class III

0083 Training - First Aid and

Based on record review and interview, the facility failed to ensure that 1 of 3 sampled employees had the required First Aid Training.

The findings include:

A review of Employee B's file was conducted on . There was no First Aid Training in file.

An interview was conducted with the Administrator on 12:20 pm on . She confirmed that Employee B did not have the First Aid Training.

Class III

0093 Food Service - Dietary Standards

Based on interview and record review, the facility failed to have menus reviewed annually by a qualified person.

The findings include:

A review of the facility menus was conducted on . The menus had a date of .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968401	**09/13/2016**
NAME OF PROVIDER OR SUPPLIER **S&B KINGDOM CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **53 RIVIERE LANE** **PALM COAST, FL 32164**	

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

An interview was conducted with the administrator at 12:25 pm on . The administrator confirmed that her menus were last reviewed by the dietician on .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2016

Administrator
S&b Kingdom Care, LLC
53 Riviere Lane
Palm Coast, FL 32164

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 22, 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,

Jane Meyering, QIDP
Health Facility Evaluator Supervisor
Division Health Quality Assurance

JG/JM/sm
Enclosure
XG90

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