STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966815	**11/22/2016**
NAME OF PROVIDER OR SUPPLIER **CIRCLE OF CARE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4161 SW TUMBLE ST PORT SAINT LUCIE, FL 34953**	

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

0000 Initial Comments

An unannounced Relicensure with Limited Nursing Services (LNS) survey was conducted on 22, 2016 at The Circle Of Care (license #10938). The facility had deficiencies identified at the time of the survey.
Note: The LNS portion of this survey was completed on a separate date.

0083 Training - First Aid and

Based on record review and an interview, the facility failed to ensure a staff member who has completed courses in both First Aid and , and holds a currently valid card documenting completion of such courses, was in the facility at all times.

The findings included:

Review of the personnel file for Staff B, who worked 24 hour shifts in sole charge of residents, revealed no current training with a valid card in First Aid. The current work schedule documented Staff B worked alone with residents on and 10th, 2016.

The facility's Owner was interviewed at approximately 11:30 AM on / and confirmed that the documentation of First Aid training was not present and available for review for this staff member. The administrator provided no additional documentation of the required training was presented at this time.

Class III

0093 Food Service - Dietary Standards

Based on observation, record review and interviews, the facility failed to ensure that menus served with substitutions were noted before or when the meal is served.

The findings included:

On / at 8:00 AM, Staff A was observed serving bagels with cottage cheese and oatmeal to 5 residents for breakfast. At 12:00 PM on / , the residents were served baked chicken, mixed vegetables, rolls and rice.

Review of the menu approved by a dietician on / / revealed the breakfast to be served was french toast and hot/ cereal. The lunch to be served was turkey ala king, rice, mixed vegetables, rolls, rice

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and a lettuce wedge with dressing. After each meal was served, no documentation of the substituted meal items was observed. The facility also failed to announce a change in the menu prior to both meals on / / .

During interview with the facility's Owner and Staff A on / / at 12:30 PM they confirmed that the residents had not been served meal items on the approved menu. The substituted meal items had not been documented on the posted approved menu. During review of facility records, no documentation of substituted meals was available for review. The administrator provided no additional documentation of substituted meal items for review at this time.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Circle Of Care (The)
4161 SW Tumble St
Port Saint Lucie, FL 34953

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 , 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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