STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968763	12/06/2016
NAME OF PROVIDER OR SUPPLIER **CAYMAN CIRCLE ADULT FAMILY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5843 CAYMAN CR WEST** **WEST PALM BEACH, FL 33407**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on 6, 2016 at Cayman Circle Adult Family Care (License #12609). The facility had deficiencies identified at the time of the survey.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff B) who provides direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, had received three (3) hours of in-service training within 30 days of employment that covers the following subjects:

1. Resident's behavior and needs.

2. Providing assistance with Activities of Daily Living (ADLs).

The findings included:

The personnel file for Staff B was reviewed for three (3) hours of in-service training completed within 30 days of employment that covers the aforementioned subjects. There was documentation of this training dated / with two (2) hours completed. Staff B was hired / / . The training had not been completed within 30 days of hire. There was no indication that this staff member was a Certified Nursing Assistant (CNA) or Home Health Aide (HHA). The Administrator was interviewed at 12:00 PM on / and confirmed that the documentation of a total of three (3) hours of training was not present and available for review. The facility provided no additional documentation for review at this time.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff B), who provides direct care to residents, had received one (1) hour of training in the facility's policies and procedures regarding ( ) within 30 days of employment.

The findings included:

The personnel file for Staff B was reviewed for one (1) hour of training in the facility's policies and procedures regarding ( ) dated within 30 days of hire. There was no

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SUMMARY STATEMENT OF DEFICIENCIES
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documentation of this training located in the personnel file. Staff B was hired on 11/13/14. The training had not been completed within 30 days of hire. The Administrator was interviewed at 12:00 PM on and confirmed that the documentation of this training was not present and available for review. The facility provided no additional documentation for review at this time.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on interview and record review, it was determined the facility failed to ensure that each employee's file contained a copy of the employment application, with references furnished, for 1 of 2 hired employees (Staff B); and, failed to maintain a written work schedule.
The findings included:
a) During interview and employee record review conducted with the Administrator on at 11:45 AM, she was provided the opportunity to locate an employment application, with references furnished, for Staff B (date of hire noted as). The Administrator acknowledged this employee was currently working at the facility and that she had not completed an employment application as of this time.

b) During interview with the Adminstrator at 9:00 AM on , she was asked for the written work schedule to show the 24 hour staffing pattern for the three (3) total employees, including herself. She stated that there was no written work schedule available for review. No additional documentation was presented at this time.

Class

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SUMMARY STATEMENT OF DEFICIENCIES
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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on review of facility staff schedule, Background Screening Clearinghouse review, and a staff interview, the facility failed to maintain a current employee roster for all employees of the facility.

The findings included:

On , a review was conducted of the facility's employee roster located on the Agency's Background Screening Clearinghouse website. At this time, one current employee (Staff C) was not listed on the roster.

Review of the facility's staffing schedule revealed the facility currently has two employees in addition to the Administrator of the facility.

During interview with Administrator on at 12:00 PM, she confirmed she had not completed the Clearinghouse Employee Roster with Staff C added as of the date of the survey.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Cayman Circle Adult Family Care
5843 Cayman Circle West
West Palm Beach, FL 33407

RE: Relicensure survey

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

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