RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Carmitas Assisting Living Facility Iii, Llc
939 Park Manor Dr
Orlando, FL 32825

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2017 by representative(s) 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 , 2017.** 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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968376	01/03/2017
NAME OF PROVIDER OR SUPPLIER **CARMITAS ASSISTING LIVING FACILITY III, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **939 PARK MANOR DR ORLANDO, FL 32825**	

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

0000 - Initial Comments

The biennial re-licensure survey was conducted on , 2017. Carmitas Assisting Living Facility III, LLC, license #12312 had deficiencies at the time of the visit.

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

Based on personnel record reviews and interview, the facility failed to ensure 1 of 4 sampled personnel records (A) contained required in-service training within 30 days of hire.

Findings:

Personnel record review for staff A, a caregiver, revealed a hire date of .

There was no documented evidence in the record to indicate staff A received in-service training that covered Resident Rights and Recognizing and Reporting , Neglect, and within 30 days of employment, as required.

On / / at 1:42 PM, the facility manager confirmed the findings and said "she thought the training was covered in her home health aide training."

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on personnel record review and interview the facility did not provide or arrange for 1 of 4 sampled staff (D) to attend the required education course on / (/) within 30 days of employment.

Findings:

Personnel record review for staff #D revealed she was hired / and was a caregiver. Continued review revealed no evidence to confirm a one-time education course on and , within 30 days of employment. The review revealed she was not a nurse, therefore exempt from the requirement.

In an interview on / at 2:30 PM with the manager who stated the staff did not have the training because she was a Home Health Aide; she thought staff #D was exempt from the training.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on personnel record review and interview the facility failed to ensure that certificates of training contained all the required information for 2 of 4 sampled staff (A and D).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968376	**01/03/2017**
NAME OF PROVIDER OR SUPPLIER **CARMITAS ASSISTING LIVING FACILITY III, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **939 PARK MANOR DR** **ORLANDO, FL 32825**	

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

Findings:
Personnel record review for staff A hired revealed a certificate that indicated she received an in-service training regarding the facility ' s emergency procedures and major incident reporting dated , however the certificate did not indicate the duration of the in-service training.
Personnel record review for staff D hired / / revealed a certificate that indicated she received an in-service training regarding the facility ' s emergency procedures and major incident reporting dated / , however the certificate did not indicate the duration of the in-service training.

In an interview on / at 2:30 PM with the manager who stated the administrator who provided the in-service training overlooked the information.
Class III