

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967934	(X3) DATE SURVEY COMPLETED 01/09/2017
NAME OF PROVIDER OR SUPPLIER AUDREY'S TLC II	STREET ADDRESS, CITY, STATE, ZIP CODE 6808 MERION PLACE NORTH LAUDERDALE, FL 33068	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on 01/09/2017 at Audrey's TLC II (License # AL11943). The facility had a deficiency identified at the time of the visit.

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

Based on record review and interview, the facility failed to ensure that 2 out of 3 sampled employee files reviewed (Employee B & C) contained training certificates for Elopement Response, Activities of Daily Living (ADL) and Recognizing , Neglect and .

The findings include:

Review of Employee B's file revealed she was hired on / . The staffing schedule indicated that she works a fluctuating day shift schedule from 7 AM to 7 PM. Further review revealed the Elopement response training certificate and Recognizing : Neglect and : training certificates were not in her file.

Review of Employee C's file revealed she was hired on . She works the day shift from 7:00 AM to 7:00 PM. However, the elopement training certificate and ADL and behavior needs training certificates were not in Employee C's file.

During an interview with the Administrator on :/ at around 11:35 AM, she reported that Employee B and C still work at the facility and work during the day (alternating schedule). She also reported that Employee B and C had completed training in elopement response, recognizing : neglect and : and the ADL and behavior needs training. However, she said that she was not sure what had happened to the certificates. The certificates were not in Employee B and C's files and were not made available for review.

Class



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Audrey's TLC II
6808 Merion Place
North Lauderdale, FL 33068

RE: Relicensure survey

Dear Administrator:

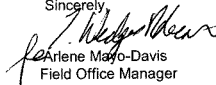
This letter reports the findings of a state licensure survey that was conducted on , 2017 by a representative of this office.

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 , 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 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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