

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964312	(X3) DATE SURVEY COMPLETED 06/07/2017
NAME OF PROVIDER OR SUPPLIER BRIGHT HORIZONS OF CORAL SPRINGS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8664 NW 1ST STREET CORAL SPRINGS, FL 33071	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on _____ at Bright Horizons of Coral Springs, Inc, License #8900. The facility had deficiencies found at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to maintain continued residency criteria for admission for 1 of 5 sampled residents (Resident # 1). Specifically, the facility failed to have a face-to-face medication examination by a health care provider at least every 3 years after the initial assessment for resident # 1.

Findings include:

A review of resident #1's record on _____ documented that the date on resident #1's initial 1823 health assessment was _____. There were no additional 1823s in resident #1's file.

During an interview with the manager on _____ at 3:50 PM, she stated that the health assessment dated _____ was the only one for resident #1. In an interview at this time, she stated that this was the most recent health assessment for the resident.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to satisfy the required 12 hours of continuing education, completed every two years, for an individual serving as a manager.

Findings include:

In an interview with the manager on _____ at 11:45 AM, she stated that the administrator was out of the country, and that she was overseeing the operations of the facility while the administrator was on vacation.

A review of the manager's record on _____ documented that she was the designee for the administrator, dated _____. In a record review at this time, the manager's employee file had documents confirming she was core trained. A certificate for 8 hours of continuing education titled, "ALF Advanced Core Training Update" was in the manager's employee file, dated _____ and there was a two-hour training certificate for food service continuing education dated _____. There were no

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additional training documents in the manager's employee file and the manager was unable to provide additional proof of training documentation at the time of the survey. Class III		