STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966561	**10/26/2017**
NAME OF PROVIDER OR SUPPLIER **CARING PLACE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **2953 NW 10TH COURT** **FORT LAUDERDALE, FL 33311**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on at Caring Place (the) Assisted Living Facility, license #10744. The facility had deficiencies at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on observation, interview and record review, it was determined the facility failed to ensure that each staff member had evidence of a negative examination documented on an annual basis, for 1 of 4 sampled staff records (Staff B).

The findings include:

During an employee record review of Staff B's file on , it was observed that there was no evidence of a negative ( ) examination documented from a licensed healthcare provider.

During an interview with the Administrator at 3:00 PM on , it was asked "Do you have a negative statement for Staff B?" The Administrator stated it is in the file. The Administrator was provided to locate requested documentation. However, the Administrator was unable to locate the information and provide for review.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observations and interviews, the facility failed to ensure staff who provide direct care to residents maintained active certifications in , , ( ) as required, for 1 of 4 sampled Staff (B).

The findings include:

Employee Record Review of Staff B's file revealed that when reviewing the card for Staff B "Child " " was observed written on the bottom. Review of the staffing schedule revealed the employee works alone at times in the facility.

During an interview conducted with the Administrator at 3:15 PM on , it was discussed that the card for Staff B could not be accepted because the training was conducted for children

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966561	**10/26/2017**
NAME OF PROVIDER OR SUPPLIER **CARING PLACE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **2953 NW 10TH COURT** **FORT LAUDERDALE, FL 33311**	

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

and , and there are adult residents that reside at the facility. The Administrator reviewed the card, and acknowledged the findings. The Administrator provided no further documentation for review.

Class III