STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967962	R **01/08/2018**
NAME OF PROVIDER OR SUPPLIER **TRANSITION CARE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1613 SW MERIDIAN AVE** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

A Revisit to the CHOW (Change of Ownership) survey was conducted on , 8, 2018 at Transition Care Assisted Living Facility, License #11948. One previously cited deficiency remains uncorrected.

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

Based on record review and an interview, the Administrator failed to take and pass the required Core Competency Test within three months of hire.

The findings included:

A change of ownership (CHOW) survey was conducted on . At this time, the Administrator had not taken and passed the Core Competency test. Review of her personnel file on revealed there was no documentation to show this test had been taken and passed.

In an interview conducted at 12:00 PM, the Administrator stated she had not yet passed the Core Competency Test. She also acknowledged that she had been the Administrator of the facility for more than 3 months.

This is an uncorrected deficiency from the CHOW survey conducted on .

Class III