STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968847	**11/19/2018**
NAME OF PROVIDER OR SUPPLIER **BLUE RIBBON CARE ASSISTED LIVING FACILITY, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 AINSWORH CIR** **PALM SPRINGS, FL 33461**	

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

0000 - Initial Comments

An unannounced licensure complaint survey CCR# 2018013818 was conducted on . . . . . at Blue Ribbon Care Assisted Living, License #12690. The facility had deficiencies identified at the time of the survey.

This survey was conducted in conjunction with the licensure complaint revisit (CCR#2018007970). See separate report for findings.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on records review and interview, the facility failed to demonstrate that sufficient staffing hours are allocated for the care of 5 of 6 residents (Resident #1, #2, #3, #4, & #5) as evidenced by a lack of staffing schedule.

The findings included:

On . . . . . , during review of the records, the Administrator reported that she was the sole Employee at the facility. She reported that her last employee left the day before of . The Administrator was asked on . . . . at 11:00 AM to provide the Staffing schedule. She then informed that she did not have one. She stated that all her former employees lived-in at the facility and when they leave she takes over and resides at the facility until she can find a replacement. However, she ensured the surveyor that she provides supervision for the residents day and night.

Class III