STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969137	**12/03/2018**
NAME OF PROVIDER OR SUPPLIER **ANNE ASSISTED LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1708 SW 11 CT** **FORT LAUDERDALE, FL 33312**	

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

0000 - Initial Comments

An unannounced Relicensure Survey was conducted on . . . . . at Anne Assisted Living Facility, License #12966. The facility had deficiencies identified at the time of the visit.

0083 - Training - First Aid and . - 58A-5.0191(5) FAC

Based on observations and interviews, the facility failed to ensure staff who provide direct care to residents maintained active certification in First Aid as required for at least one staff member that is present in the facility at all times, for 2 of 2 sampled Staff (A and B).

The findings included:

On , employee record reviews for Staff A (hire date), and Staff B (Hire date . . . . .) revealed no documentation contained within the employee file, or provided by Administration, showing completion of current First Aid training.

Review of the current staffing schedule posted on the wall inside the facility revealed that Staff A works the night and evening shift from 3:30 pm to 7:30 am Monday through Friday and sometimes during the day on the 7:30 am to 3:30 pm shift and that Staff B works on the same days Monday through Friday from 7:30 am to 3:30 pm. Therefore, the facility was unable to show at least one person was present in the facility at all times that had current First Aid Training.

During an interview with the Administrator on at 4:43 pm, it was stated by Staff A that I thought the BLS training included the First Aid. The BLS card was handed to the Administrator for review in which it stated and . The findings were discussed and acknowledged, no further documentation was provided for review.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on observation, interview and record review, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency.

The findings included:

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

During an interview with the Administrator on 11/29/18 at 9:50 am, a request for documentation from the local Emergency Management Division of an approved CEMP for the year 2018 through 2019 on , no current documentation was provided by the Administrator. Review of the most recent CEMP approval letter dated for revealed that the CEMP was valid and approved up until .

During an interview with the Administrator at 10:00 am on it was stated that it was sent in in , and that the facility still have not received anything yet. It was further stated that I called them a few weeks ago, and I couldn't get a response . During this time the findings were discussed and acknowledged, no further information was provided during this time for review.

Class III