STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969167	**02/20/2019**
NAME OF PROVIDER OR SUPPLIER **BLUE FOUNTAIN II HOME CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1310 SEQUOIA RD NW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . Blue Fountain II Home Care, Palm Bay (LIC#13000) had deficiencies at the time of the visit.

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

Based on record review and interview the administrator failed to have completed courses in First Aid and ( ).

Findings:

1. In a review on of the administrator's personnel record it revealed the First Aid and courses expired on . The administrator stated she works the 7am-7pm shift with direct contact with the residents and no other qualified First Aid/ staff is available at that time.

2. On at 2pm, the administrator confirmed the findings.

Class III