STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965570	(X3) DATE SURVEY COMPLETED 09/05/2013
NAME OF PROVIDER OR SUPPLIER **Emeritus At St**	STREET ADDRESS, CITY, STATE, ZIP CODE **150 Mariner Health Way St FL 32086**	

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

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey, CCR# 2013008922, was conducted at Emeritus at St. in St. Florida on , 2013. Deficiencies were identified at the time of the survey.

0086-Training - ADRD 58A-5.0191(9) FAC
Based on personnel record review and staff interview, the facility failed to ensure that one employee (# 3) out of eight sampled employees was given the required training for Level I within 3 months of employment.

The findings include:

Review of the employee list provided by the facility administration revealed Employee #3 worked on a daily basis on the Memory Care unit with the residents who had . Review of the employee record for Employee #3 revealed the employee started working at the facility on . Further review of the record revealed no documentation to show that Employee #3 had completed the required training for within 3 months of employment.

Interview with Resident Care Director at 4:35 pm on revealed that she could not find any documentation for employee #3 of required training for within 3 months of employment. She stated that the employee had missed the last training offered in of this year.

Class III

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus at St.
150 Mariner Health Way
St , FL 32086

Re: CCR # 2013008922

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/sm
Enclosure