STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968585	05/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A Better Care Llc	308 South 30th Street Fort Pierce, FL 34947	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0009 - 58a-5.0181(3) Fac - Admissions - Admission Package S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An initial Assisted Living Facility licensure survey was conducted on . . . . . at A Better Care. The facility had deficiencies found at the time of the visit.

0009-Admissions - Admission Package 58A-5.0181(3) FAC
Based on record review and interview, the facility failed to make available for review a copy of the facility's resident contract or facility brochure containing information required by the Florida Administrative Code, Rule 58A - 5.025.

The findings include:

During facility record review conducted on , a written copy of the facility's admission packet was requested from the Administrator at approximately 10:15 AM. At this time, the Administrator stated that the Admission Packet is currently electronic only, and it is contained on a computer not located at the facility.

The following information, which may be contained in resident contract or brochure, could not be reviewed at the time of the initial survey:

1. The facility's residency criteria;

2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate;

3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any;

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4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any;

5. Food service and the ability of the facility to accommodate special diets;

6. The availability of transportation and additional costs to the resident, if any;

7. Any other special services that are provided by the facility and additional cost if any;

8. Social and leisure activities generally offered by the facility; and

9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on record review and interview, the facility failed have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures.

The findings include:

On , the facility records were reviewed for policy and procedure regarding grievances, no policy or procedure could be located. On at 10:30 AM, the Administrator was asked to produce a copy of the facility's written grievance procedure, but he stated he did not have one available for review at this time.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968585	05/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, the administrator failed to obtain annually, for the year 2013, a minimum of 2 hour continuing education training on providing assistance with self-administered medications and safe medication practices.

The findings include:

During an interview with the Administrator on at 10:25 AM, he revealed he will be working at the facility providing residents with assistance with self-administered medications.
On during review of the Administrator's employee record, the annual training certificate for the 2 hour continuing education update for Assistance with Self-Administered Medications, due of 2013, could not be located. During interview with the Administrator on at 10:30 AM, he acknowledged he was not able to provide a training certificate for 2013 at this time.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review and interview, it was determined the facility failed to establish a menu developed and approved by a licensed or registered dietitian, licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian or a licensed nutritionist, to ensure the meals meet the nutritional standards.

The findings include:

On at 10:00 AM, during observational tour, no posted menu was observed in the facility. A review of facility records on did not reveal a copy of a planned dietary menu which had been reviewed and approved by a regulatory approved dietary professional (listed above). On at 10: 25 AM, a copy of an approved menu was requested from the Administrator. At this time, the Administrator stated he currently did not have a copy of an approved menu, but he was in the process of getting it. He also confirmed that the facility will provide at least 3 meals daily to residents residing at the facility.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
A Better Care Llc
308 South 30th Street
Fort Pierce, FL 34947

Dear Administrator:

This letter reports the findings of a State Licensure Initial Survey that was conducted on . 2014 by a representative from 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 , **2014** 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure
XG90

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