STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968404	05/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Compassionate Care Alf, Llc	302 Bordeaux Ave Ne Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D

Specific Tag Findings:

0000-Initial Comments
Initial Limited Nursing Services (LNS) licensure survey was conducted. Compassionate Care had a deficiency found during the visit.

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on personnel record review and interview the facility failed to ensure that a staff member who had First Aid certification offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health was in the facility at all times when residents were present.

Findings:

In an interview with the administrator/owner/ Licensed practical nurse, during the facility entrance on at approximately 9:15 AM, she stated the census was 2 residents.

At approximately 10 AM the surveyor requested some documentation for staff B. The administrator stated staff B was not able to scan or text, she needed to see how she would get the documentation. An individual (staff C) with an elderly gentleman arrived. She sat in the living with one resident and the gentleman that came with her. The administrator went to the other side of the house. When she did not return the surveyor asked "Where did she go?" The woman replied she went to get the documentation and she was staying with the residents, she was an Adult Family Care Home (AFCH) provider. The administrator returned in approximately 20 minutes later.

When asked for the First Aid and training for staff C, she stated that the provider was not a staff or her relief but she had called her to day to come help her. The surveyor requested to see and First Aid certification as well as a background screening result for staff C. The administrator stated she did not have it but staff C would send it when she got home.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968404	05/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Compassionate Care Alf, Llc	302 Bordeaux Ave Ne Palm Bay, FL 32909	

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

The administrator was given to opportunity to submit the documents by electronic mail (e-mail) by the end of business closing.

An e mail was received at approximately 12 PM and reviewed at approximately 2:30 PM, that included a First Aid certificate dated that indicated that staff C had successfully completed an online First Aid course. The certificate contained a signature but no credentials to ascertain the course was offered by an accredited college, university, or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health.

In a telephone interview the administrator at approximately 3 PM, she stated that staff C was an Emergency Medical Technician (EMT) and did not need First Aid training. The surveyor requested to see the current EMT certification.

The Department of Health website on at approximately 3:30 PM did not list her as an EMT.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Compassionate Care Alf, LLC
302 Bordeaux Ave Ne
Palm Bay, FL 32909

Dear Administrator:

Re: Initial Limited Nursing Services

This letter reports the findings of a state licensure LNS survey that was conducted on 2014 by representative(s) 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 **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 surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998