STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966561	08/17/2015
NAME OF PROVIDER OR SUPPLIER **CARING PLACE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **2953 NW 10TH COURT** **FORT LAUDERDALE, FL 33311**	

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

0000 Initial Comments

An Abbreviated Biennial Survey was conducted at on 08/17/15 at Caring Place (The) Assisted Living Facility. The facility had the following deficiencies found at time of the survey.

0081 Training - Staff In-Service

Based on record review and interview, the facility's personnel records did not include properly documented evidence of In-service/Ongoing training for one out of four sampled employees (Staff D).

Findings included:

Facility's record review on / revealed sampled Staff D (hire date) file did not include evidence of Control Training, Elopement Response Training, Resident Rights Training, and Recognizing/Reporting , Neglect & Training.
On / / at 2:45 PM Staff A stated, " She has been with me for a long time, the training's are probably in another file I will look for them and file them in her record.

Class III

0082 Training - / /

Based on staff record review and interview, the facility failed to ensure one out of four sampled Staff (D) had completed a one-time education course on and .

Findings included:

Facility's record review on / / revealed sampled Staff D (hire date) employee file did not include documented evidence of HIV/AIDS completed training.

On / / at 2:45 PM Administrator stated, " She has been here a long time it is probably in another file. "

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, the facility failed to ensure that all hired staff had the initial 4

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966561	08/17/2015
NAME OF PROVIDER OR SUPPLIER **CARING PLACE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **2953 NW 10TH COURT** **FORT LAUDERDALE, FL 33311**	

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

hours of training on providing assistance with self-administered medication and safe medication practices, for two out of four sampled Staff (A and D).

The findings include:

Personnel record review and interview on / revealed documentation for the initial education training on providing assistance with self-administered medication and safe medication practices for Staff A (hire date /) and Staff D (hire date) was not available in the staff file.

On / at 3:15 PM administrator stated, " We have both had the training it is probably in another file. "

0090 Training -

Based on interview and record review, facility failed to ensure staffs who provide direct care to residents received a minimum of 1 hour in-service training in the facility's policy and procedures regarding on one out of four sampled employees, Staff (D).

Findings included:

Facility's record review on / / revealed that sampled Staff D (hire date)record did not have any documentation verifying proof of 1 hour in-service training in the facility ' s policy and procedures regarding ' s training available at time of survey.

On at 3:15 PM administrator stated, " We have both had the training it is probably in another file. "

Class III

0093 Food Service - Dietary Standards

Based on observation, interviews, and record review, the facility failed to maintain adequate dietary standards for nine of nine sampled residents. The facility did not follow menus, failed to offer adequate portions, and failed to note meal substitutions before or when the meal is served.

Findings included:

Observation on / / at 12:30 PM of lunch served a bowl of cream of , crackers and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966561	08/17/2015
NAME OF PROVIDER OR SUPPLIER **CARING PLACE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **2953 NW 10TH COURT** **FORT LAUDERDALE, FL 33311**	

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

a bowl of fresh fruit (cantaloupe, peaches, and honey-dew melon) and assorted fruit juices. Posted menu listed " corn beef (3oz), 2 slices of rye bread, sauerkraut (6oz) lettuce, and tomato (1 cup), and fresh fruit (1 cup). Substitutions to the menu were not documented. Further review of the last six months menu revealed no substitutions marked on the prior menus. Observations of food pantry, refrigerators, and freezers revealed ample food supplies. Posted menu was not dated.

During interviews with residents, Resident #2 stated " Food is very good, no complaints we have a good cook. " Resident #4 described it as " good " resident #5 stated " very good and what I like to eat, varied " Resident #7 stated " very good tasty " Resident #8 " Good, plenty, I get pork chops, steak there is never a moment when we are not well feed, and the cook is a cook " and resident #9 " Very good food, delicious. "

On / / at 1:00 PM Administrator reviewed the menus and stated, " The meal substitutions have not been documented, we change the menus to keep it fresh for them, I have to talk to the nutritionist to update the menus to match the residents liking. "

Class III

0161 Records - Staff

Based on record review, and interview the Assisted Living Facility failed to have documentation of compliance with Level 2 Background Screening for all staff subject to screening requirements on one out of four sampled Staff (C).

Findings included:

Record review on / found the facility did not have a complete personnel record for Sampled Staff C (hire date /) which included a copy of a completed Level 2 Background Screening prior to providing care to residents. On reviewed Background Screening on AHCA Clearinghouse eligibility dated .

On at 2:25 PM Staff Administrator stated: "I started her / / ; I just haven ' t pulled her background screening."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Caring Place (The)
2953 NW 10th Court
Fort Lauderdale, FL 33311

RE: Abbreviated Biennial Survey

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2015 by representatives 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 representatives. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 498-5924
AHCA.MyFlorida.com