| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965789 | 11/19/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**TERRACE COMMUNITIES TEQUESTA ,** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**400 NORTH US ONE TEQUESTA, FL 33469** | |

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

**0000 Initial Comments**

An unannounced abbreviated Relicensure survey with Limited Nursing Services (LNS) and Extended Congregate Care (ECC) was conducted on 19, 2015 at Terrace Communities Tequesta, LLC. The facility had a deficiency at the time of the visit.

**0086 Trainina - ADRD**

Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff (Staff C) who has regular contact with or provides direct care to residents with ADRD ( and Related ) in this facility that maintains a secured area had obtained 4 hours of update training annually in ADRD.

The findings include:

The personnel file for Staff C was reviewed for training in ADRD and did not contain documentation of 4 hours of training in ADRD completed annually. The following training was documented and available for review:

Staff C-Date of Hire / :
1) Level I (4 hours) completed on /
2) Level II (4 hours) completed on
3) 4 hours ADRD update training completed / /

During interview with the Administrator at approximately 12:15 PM on / / , she acknowledged the staff member did not have an additional 4 hours of ADRD training completed since .

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Terrace Communities Tequesta
400 North US One
Tequesta, FL 33469

Dear Administrator:

This letter reports the findings of a state licensure survey with Limited Nursing Services (LNS) and Extended Congregate Care (ECC) that was conducted on , 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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