AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968251	03/01/2016
NAME OF PROVIDER OR SUPPLIER **AMAZING GRACE ASSISTED LIVING HOME LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2685 CARAMBOLA RD** **WEST PALM BEACH, FL 33406**	

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

0000 Initial Comments

An unannounced biennial Relicensure survey was conducted on 1, 2016 at Amazing Grace Assisted Living Home. The facility had deficiencies at the time of the visit.

0086 Training - ADRD

Based on record review and an interview, the facility failed to ensure that 1 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 maintained a secured area had completed the required ADRD training.

The findings included:

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

1) Staff C (Date of Hire /)
a) Level I (4 hours) completed /
b) Level II (4 hours) completed /

During interview with the Administrator and Staff C at 3:30 PM on / / , they acknowledged that the documentation of annual ADRD training was not present and available for review. No additional documentation was presented at this time.

Class III

0167 Resident Contracts

Based on record review and an interview, the facility failed to ensure that the resident contract contained all required components for 2 out of 2 sampled residents (Resident #1 and #2).

The findings included:

On / , the contracts for Resident #1 and #2 were reviewed and contained the following provisions for distribution of a refund:

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"In the event of or discharge due to medical reasons, (the facility) shall return all deposits, funds and property held in trust to the personal representative of the . If no-one has been appointed, within ten (10) days of the of the resident, funds and property held in trust will be released to the spouse of the resident or next of kin as stated in the resident file. Resident may designate a beneficiary to receive any funds, refunds, and property. If no beneficiary is designated, funds will be dispensed in accordance with Florida law."

Chapter 429.24(3), Florida Statutes, indicates the following:
"The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date..."

During review of the contract and interview with the Administrator at 2:30 PM on / / , she was unable to locate the aforementioned provision required by statute in the resident contract. No additonal documentation was presented at this time.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Amazing Grace Assisted Living Home Llc
2685 Carambola Rd
West Palm Beach, FL 33406

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 2016.** 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/dmb

XG90

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