STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968585	**05/10/2016**
NAME OF PROVIDER OR SUPPLIER **A BETTER CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **308 SOUTH 30TH STREET** **FORT PIERCE, FL 34947**	

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

0000 Initial Comments

An unannounced relicensure survey was conducted on 05/10/2016 at A Better Care. The facility had deficiencies at the time of the visit.

0093 Food Service - Dietary Standards

Based on observation, interview and record review, it was determined the facility failed to ensure they provided each resident with the standard minimum portions of food according to the Dietary Reference Intakes and the menu developed by a Registered Dietitian to follow these requirements for 7 of 7 sampled residents (Residents #1-#7).

The Findings included:

During observation of the breakfast meal on / beginning at approximately 8:00 AM the Administrator was observed to prepare and serve this meal. The menu indicated 3/4 cup of citrus juice; 1/2 cup of canned or fresh fruit; and 1 cup of low fat milk was to be served with the 2 slices of French toast and 1 cup of hot cereal. However, the Administrator opened 1 small can of Mandarin orange slices and placed a couple of pieces of this canned fruit into the hot cereal that was served to the residents of this facility. The 3/4 cup of citrus juice and 1 cup of low fat milk was not served. The Administrator acknowledged these items were not served per menu on during interview conducted at approximately 8:30 AM. He also acknowledged the 1/2 cup of canned or fresh fruit was not provided as only a couple of pieces of fruit was placed in each bowl of the hot cereal that was served to the residents. He also acknowledged that only 1 small can of Mandarin orange slices was used for 7 residents hot cereal.

Class III

Z816 Background Screening-Compliance Attestation

Based on interview and record review, it was determined the facility failed to ensure that each staff member that is subject to a background screening had not had a break in service from a position that requires a level 2 backgrounds screening for more than 90 days; and that such proof is accompanied by an attestation of compliance with chapter 435 for 1 of 3 sampled staff records (Staff A).

The Findings included:

During interview and staff record review conducted with the Administrator and Staff A, on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968585	**05/10/2016**
NAME OF PROVIDER OR SUPPLIER **A BETTER CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **308 SOUTH 30TH STREET** **FORT PIERCE, FL 34947**	

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

beginning at approximately 11:45 AM, Staff A's file was reviewed. Staff A's (Direct Care Staff with a date of hire noted as 06/30/2015) level 2 background screening was dated / . Staff A's employment application noted her last employment date (prior to working at this facility) was / - . Staff A confirmed this as her last employment dates. There was a break in employment that exceeded 90 days (-). This facility failed to conduct a current background screening. The Administrator stated he was not aware of this requirement related to the break in employment that exceeded 90 days. He stated he thought a level 2 background screening was valid for 5 years. Staff A did not have documentation of an Attestation of Compliance with Background Screening Requirements on file at the time of this inspection.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

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

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida