

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965708	(X3) DATE SURVEY COMPLETED 03/07/2017
NAME OF PROVIDER OR SUPPLIER ABBEY DELRAY HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2105 SW 11 COURT DELRAY BEACH, FL 33445	

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

0000 - Initial Comments

An unannounced relicensure survey with Extended Congregate Care was conducted on _____ at Abbey Delray Health Center, (license #10023) . The facility had a deficiency identified at the time of the survey.

E210 - ECC - Training - 58A-5.0191(7) FAC

Based on record review and interview, the facility failed to ensure the administrator or supervisor of extended congregate care (ECC) completed 4 hours of initial training within 3 months of employment.

The findings include:

During an interview on _____ at 12:00 PM, Staff D indicated that she was the ECC supervisor. She confirmed that she had taken the Core Training course but did not yet take the examination to receive the certification. She confirmed she did not have the 4-hour training required for the ECC supervisor.

Record review conducted on _____ with the Human Resources Manager, found that the Administrator was hired in _____, 2013 and Staff D, who is the assisted living supervisor was hired on _____ . Record review revealed neither employee file contained documentation of completion of the 4-hour ECC initial training.

During an interview with the Administrator on _____ at 3:00 PM, he stated he is only the interim Administrator for the facility and he did not have record of completion on the 4-hour ECC course. He stated he did not know the 4- hour course was require and he will complete it.

Class III