

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968541	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/30/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GOLDEN AGE ALF OF TAMPA BAY INC

**3328 W SPRUCE ST
TAMPA, FL 33607**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit to a biennial survey was conducted at the Golden Age ALF of Tampa Bay, Inc. on There were deficiencies identified at the time of the survey.	{A 000}		
{A 090} SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility did not ensure that two (Staff B and Staff C) of two care giver staff sampled had received a one hour training in the facility's policies/procedures regarding (.) within 30 days of employment. Findings included: Personnel record review conducted on revealed neither Staff B nor Staff C had received any official training regarding the facility's specific policies and procedures related to and advance	{A 090}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER GOLDEN AGE ALF OF TAMPA BAY INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3328 W SPRUCE ST TAMPA, FL 33607		
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{A 090}	Continued From page 1 directives. In an interview with the Administrator at approximately 12:45pm on _____ verified that he had not yet provided such training to both Staff B and C. Class III	{A 090}			