

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910160	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/10/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

AZALEA MANOR OF ST. PETERSBURG

**112 12TH AVENUE NORTH
SAINT PETERSBURG, FL 33701**

(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 biennial survey in conjunction with a COVID-19 focused control and generator monitoring survey was conducted at Azalea Manor of St. Petersburg Assisted Living Facility on . Deficient practice was identified at the time of the survey.	A 000		
A 082 SS=D	59A-36.011(4) FAC Training - (4) Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure for one (Staff B) of four staff sampled, who had the required training within 30 days of hire. Findings Include: During a review of staff record on it was revealed that Staff B, who has a hire date of did not have the required training within 30 days of hire. On at 2:17 p. m. an interview was conducted with Staff A, Caregiver. Staff A stated, Staff B does not have it, I don't see it.	A 082		

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 AZALEA MANOR OF ST. PETERSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 112 12TH AVENUE NORTH SAINT PETERSBURG, FL 33701			
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A 082	Continued From page 1 On _____ at 3:00 p. m. the Administrator agreed that Staff B did not have / training within 30 days of hire. Class III	A 082			