

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968688	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/18/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LONGLEAF ALF LLC

**3935 43RD AVE N
SAINT PETERSBURG, FL 33714**

(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, a limited mental health, and a generator monitoring visit were conducted at Longleaf ALF on Deficiencies were identified at the time of survey.	A 000		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND (). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have staff on every shift that had been certified for () with an in-person performance demonstration for three employees (Administrator, Staff A, and Staff B) of four sampled employees.	A 083		

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 LONGLEAF ALF LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3935 43RD AVE N SAINT PETERSBURG, FL 33714			
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A 083	Continued From page 1 Findings Included: An employee record review for the Administrator, Staff A, and Staff B, conducted on _____, revealed that the Administrator, Staff A, and Staff B's employee records contained a certificate of completion for _____ and first aid that was obtained via online only. There was no evidence in the employee records that the employees completed a performance demonstration for _____. The Administrator was hired on _____. Staff A was hired on _____. Staff B was hired on _____. During an interview with the Administrator, _____, conducted on _____ at 01:10pm, the Administrator agreed that the _____ training for herself, Staff A, and Staff B were completed online. The Administrator agreed that the employees did not participate in a performance demonstration with the _____ training. Class III	A 083			