Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964826	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLO-RONKE, INC.	1513 EAST ELLICOTT STREET TAMPA, FL 33610

(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 Assisted Living Facility Complaint surveys, CCR# 2012004313 & CCR# 2012007302, were conducted in conjunction with a biennial state licensure survey on , see (Aspen Event GMFV11). The Flo-Ronke assisted living facility had deficiencies found at the time of the visit.	A 000		
A 081	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall	A 081		

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A 081	Continued From page 1 receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to document that 1 of 2 staff (A) had the following required training as delineated in rule.	A 081		

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A 081	Continued From page 2 Findings include: A review of the personnel record for staff A hired on revealed there was not any documentation on file of completing a 1 hour in-service training related to reporting of major incidents, resident rights in an assisted living facility, recognizing and reporting , neglect & and safe food handling practices. This personnel record also did not contain documented evidence of staff completing a 3 hour in-service related to assisting residents in activities of daily living. During interview (about 3 p.m.) with management & the direct care staff they said that the training had been provided but it was not documented. Class III	A 081		
A 123	58A-5.021(4) FAC Fiscal - Resident Trust Funds & Adv Payments (4) RESIDENT TRUST FUNDS AND ADVANCED PAYMENTS. (a) Funds or other property received by the facility belonging to or due a resident, including the personal funds described in subsection (3), shall be held as trust funds and expended only for the resident ' s account. Resident funds or property may be held in one bank account if a separate written accounting for each resident is maintained. A separate bank account is required for facility funds; co mingling resident funds with	A 123		

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A 123	Continued From page 3	A 123		

facility funds is prohibited. Written accounting procedures for resident trust funds shall include income and expense records of the trust fund, including the source and disposition of the funds. (b) Money deposited or advanced as security for performance of the contract agreement or as advance rent for other than the next immediate rental period shall be kept separate from the funds and property of the facility, and shall be used, or otherwise expended, only for the account of the resident. On facility financial statements, such funds shall be indicated as restricted assets and there shall be a corresponding liability shown.

This Statute or Rule is not met as evidenced by: Based upon record review and staff interview the facility failed to maintain a complete and accurate accounting of 1 residents (#5) personal funds held by the facility.

Findings include:

A 7/1(of the closed record for resident #5, the facility accounting of personal funds held by the facility only documented funds dispersed to the resident and did not include funds received.

Per review of the account log for this resident from 4/2(small amounts dispersed to the resident in amounts of $3.00, $10.00 & $23.00 on 9 occasions. The amounts totaled $45.00.

Per interview with the administrator and direct care staff at 11:30 a.m., the residents mother sent money for the resident on one occasion but the staff verified the amount received for the resident

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A 123	Continued From page 4 was not noted on the account log. Class III	A 123		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Flo-Ronke, Inc.
1513 East Ellicott Street
Tampa, FL 33610

Dear Administrator:

Re: **CCR# 2012007309 & CCR# 2012004313**

This letter reports the findings of two complaint surveys and a biennial state licensure survey that were conducted on , 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) 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. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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