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
	AL11910160	A. BUILDING _____ B. WING _____	

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 Assisted Living Facility A biennial state licensure survey was conducted in conjunction with a complaint survey, CCR# 2012005005, on . see (Aspen Event 6V5V11). The Azalea Manor of St. Petersburg assisted living facility had deficiencies found at the time of the visit.	A 000		
A 080	58A-5.0191(1) FAC Training - Core & Competency Test Staff Training Requirements and Competency Test. (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST. (a) The assisted living facility core training requirements established by the department pursuant to Section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test. (b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to 1997, and managers who attended the core training program prior to , 1998, shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with Part II of Chapter 468, F.S., are exempt from this	A 080		

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A 080	Continued From page 1	A 080		

requirement.
(c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years as provided under Section 429.52, F.S.
(d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must:
1. Retake the assisted living facility core training; and
2. Retake and pass the competency test.
(e) The fees for the competency test shall not exceed $200. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the provider failed to ensure that he completed and maintained documentation of participating in a minimum of 12 hours of continuing education in topics related to Assisted Living every 2 years.

Findings include:

A record review of the provider's personnel file, staff member A, revealed no documentation of the provider attending and completing 12 hours of continuing education in topics related to Assisted

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A 080	Continued From page 2 Living within the last 2 years. During an interview conducted on [redacted] at approximately 1:00 p.m. with the provider, he confirmed that no documentation was present in the file regarding the requested training. Class III [redacted]	A 080		
A 152	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident [redacted] or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate	A 152		

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keys to resident to be used in the event of an emergency.
(d) Residents who use portable bedside commodes must be provided with privacy during use.
(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be

This Statute or Rule is not met as evidenced by:
Based on observation, the facility failed to ensure that it maintained the resident living environment in a safe and hazard free manner in regards to a broken door handle in Resident #4 ' s broken or missing dresser drawers in Resident #4 and #5 ' s heavy dust presence on the vents in Resident # 5 and 6 ' s missing caulking in Resident #6 ' s shower stall, dislodged ceiling vent in Resident #7 ' s a broken floor vent and broken tub turn on/off valve in the South west small house residential , soiled linens in Resident #4, #2 and #7 ' s and the presence of bed bugs on Resident # 2, 4 and 7 ' s mattresses. Findings include:

During the tour of the facility, conducted on the following observations were seen:

The tour of the main building on the front of the property:
1. An observation conducted on at 10:00 a.m., the 2nd floor of the main building, the North East corner Resident #4 ' s the door handle to the

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broken.
2. An observation conducted on [illegible] at 10:00 a.m. of Resident #4 ' s upper mattress revealed two [illegible] bed bug carcasses.
3. An observation conducted on [illegible] at 10:00 a.m. of Resident #4 ' s pillow case revealed a brown, [illegible] like stain of approximate size of 2 inches by 3 inches present on the linen. The dresser located in this [illegible] 2 bottom drawers that were hanging off the sliding track.
4. An observation conducted on [illegible] at 10:05 a.m. of Resident #5 ' s [illegible] vent revealed a heavy accumulation of dust presence. A 6 drawer dresser located in Resident #5 ' s [illegible] 2 bottom drawers missing.
5. An observation conducted on [illegible] at 10:10 a.m. of Resident #3 ' s lower mattress revealed that the left side of the head of the mattress where the resident ' s head would lay, approximately 12 live bed bugs were present, heavy bed bug debris was present, the right side and middle of the head of the lower mattress had a multitude of live bed bugs present. The pillow case present on Resident #3 ' s bed was darkened with use and in need of cleaning.
6. An observation conducted on [illegible] at 10:15 a.m. of the left arm of the common [illegible] the material on the couch was torn, an approximate tear of 12 inches wide exposing the innards of the couch arm, rendering the surface un-cleanable.
7. An observation conducted on [illegible] at 10:20 a.m. of Resident #6 ' s [illegible] stall revealed that the floor and wall juncture was missing caulking for an approximate area of 1/3 of the stall, leaving a gap for water to flow into the structure of the home..
8. An observation conducted on [illegible] at 10:20 of Resident #6 ' s [illegible] vent

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revealed a large amount of accumulated dust presence.

Observations conducted in the small house on the North West side of the property:

9. An observation conducted on [redacted] at 10:35 a.m. of a common [redacted] the west side of the house, approximately in the middle of the home, the floor vent located approximately 6 inches inside the [redacted] 8 metal pieces broken and hanging down into the floor vent; potential hazard.
10. An observation conducted on [redacted] at 10:35 a.m. of a common [redacted] the west side of the house, the right tub turn on/off valve was broken and laying on the tub.

Observations conducted in the small cottage on the south west side of the property:

11. An observation conducted on [redacted] at 11:30 a.m. of Resident #7 ' s [redacted] that the ceiling vent was not in place in the [redacted], but leaning on the sink base on the floor; the vent was heavily laden with dust like particles.
12. An observation conducted on [redacted] at 11:30 a.m. of Resident #7 ' s bed frame revealed heavy bed bug soiling and live bed bugs were present. The bed sheets on Resident #7 ' s mattress were heavily spotted with brown, [redacted] like stains. The pillow on the bed did not have a pillow case and was visibly darkened with soiling.

Class III

[redacted]

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION
Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2012

Administrator
Azalea Manor of St. Petersburg
112 12th Avenue North
Saint Petersburg, FL 33701

Dear Administrator:

Re: **CCR# 2012005005** & Biennial survey

This letter reports the findings of a complaint survey 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,

Paul F Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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