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
	AL11910049	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KRISTIANNA'S ALF	104 GARLAND COURT TAMPA, FL 33613

(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 complaint survey, CCR# 2012005091, was conducted on [redacted]. The Kristianna's assisted living facility had a deficiency found at the time of the visit.	A 000		
AZ827	408.812, FS Unlicensed Activity (1) A person or entity may not offer or advertise services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license. (2) The operation or maintenance of an unlicensed provider or the performance of any services that require licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the unlicensed provider or the performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and agency rules has been demonstrated to the satisfaction of the agency. (3) It is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If after receiving notification from the agency, such	AZ827		

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AZ827	Continued From page 1 person or entity fails to cease operation and apply for a license under this part and authorizing statutes, the person or entity shall be subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of continued operation is a separate offense. (4) Any person or entity that fails to cease operation after agency notification may be fined $1,000 for each day of noncompliance. (5) When a controlling interest or licensee has an interest in more than one provider and fails to license a provider rendering services that require licensure, the agency may revoke all licenses and impose actions under s. 408.814 and a fine of $1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained for the unlicensed operation. (6) In addition to granting injunctive relief pursuant to subsection (2), if the agency determines that a person or entity is operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the provider, the person or entity is subject to the same actions and fines imposed against a licensee as specified in this part, authorizing statutes, and agency rules. (7) Any person aware of the operation of an unlicensed provider must report that provider to the agency. This Statute or Rule is not met as evidenced by: Based upon interviews, the facility was providing personal services in an unlicensed portion of a facility for 1 of 2 residents (#1) who were	AZ827		

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AZ827	Continued From page 2	AZ827		

designated by the facility as renters only.

Findings include:

During the visit of to Kristiannia's ALF, and interview (9:30 & 11:00am) with resident #2 who resides in an unlicensed building on the property the resident stated that she & her lease the apartment for meals. When asked if any additional services were provided this resident said that their medications are stored in the med cart of the dinning .

Resident #2 said that the staff will give them the medications when they go into the dinning for meals. The medications are taken out cart and handed to her sometimes in a small cup. She claimed she did not require reminders to take medications but sometimes staff have to come to get her (resident #1) when she doesn't show up in the dining her medications. Resident #1 was not available for interview during this visit since she did not return home from the night before per the .

A review of the records for resident #1 & 2 who reside in the unlicensed portion of the facility revealed only a lease agreement on file which stipulates the monthly rent and terms. The terms of the lease state that "the facility will provide storage of medications that the client will self-administer" and will provide 3 meals per day & a snack. The agreement was signed by resident #2 and for her , resident #1 the agreement was signed by her legal guardian. There were no health assessments on file for either. Legal documents of guardianship was on file for resident #1.

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A telephone call was made to the legal guardian of resident #1 (about 10:45am), during interview about the residents level of independence the guardian said that she was independent with all ADL's with exception of med administration-adding they cannot do it on their own, that's why they have guardians. After discussing the issue with this resident not being in a licensed portion of the facility the guardian minimized the supervision resident #1 needs stating it was just "cueing" and the resident knew when to take her medication.

The direct care staff on site were interviewed. One of the direct care staff confirmed (11:05am) she will go to find resident #1 if the resident doesn't come to the dining her medications.

A review of the medication observation records (MOR) for resident #1 & 2 revealed that although the pharmacy that dispenses the residents medications provide a printed medication record, the staff did not initial when the medication dosages were taken by these individuals. Hand-written across the top of the MOR was "self-administer".

During telephone conversation with the administrator at about 1pm and 6pm, she stated she was un-aware that staff were reminding resident #1 to take her medications, understanding this would under the definition of supervision. She indicated she would ensure the problem was corrected.

Class III

Pattern

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Kristianna's ALF
104 Garland Court
Tampa, FL 33613

Dear Administrator:

Re: **CCR# 2012005091**

This letter reports the findings of a complaint survey that was conducted on , 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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