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
	AL11967826	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JUSTIN FAMILY ALF	10103 BAY WIND COURT TAMPA, FL 33615

(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# 2013000299, was conducted on with the Tampa Fire Department. The Justin Family ALF had a deficiency found at the time of the visit.	A 000		
A 151	58A-5.023(2) FAC Physical Plant - Existing Facilities EXISTING FACILITIES. (a) An assisted living facility that was initially licensed prior to the effective date of this rule must comply with the rule or building code in effect at the time of initial licensure, except that any part of the facility included in additions, modifications, alterations, refurbishing, renovations or reconstruction must comply with the codes and standards referenced in subsection (1) of this rule. Determination of the installation of a fire sprinkler system in an existing facility must comply with the requirements described in Section 429.41, F.S. (b) A facility undergoing change of ownership shall be considered an existing facility for purposes of this rule. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that modifications to the existing structure complied with building and fire-safety code to ensure the safety of residents. Findings include:	A 151		

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A 151	Continued From page 1 Upon notification by the local fire department on that the facility was not in compliance with local building codes and fire-safety requirements a joint visit was made on . The facility had made modifications to the rear part of the facility, enclosing a porch area. As a result of this structure change one of the resident bed- no longer had a 2nd means of egress (no longer on an outside wall) thereby potentially trapping the resident inside the a fire. Additionally, the facility did not obtain the appropriate permits prior to the renovations creating additional fire violations related to mechanical and electrical as noted on the fire department report of . Prior to departure the facility staff re-located the resident residing in the un-safe area to another portion of the facility. During interview with the administrator and owner (11 a.m.) they said they did not understand they needed to file paperwork for the enclosure of the rear porch due to being new to the country. They said they would apply for the permits and correct the problems as soon as possible. Pattern	A 151		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Justin Family ALF
10103 Bay Wind Court
Tampa, FL 33615

Dear Administrator:

Re: **CCR# 2013000299**

This letter reports the findings of a complaint survey that was conducted on , 2013, 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 deficiency 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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