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
	AL11932424	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL ALF	2349 CENTRAL AVENUE SAINT PETERSBURG, FL 33713

(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 limited nursing services (LNS) monitoring visit was conducted on ..... The Central assisted living facility had deficiencies found at the time of the visit.	A 000		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable ..... including ..... Freedom from ..... must be documented on an annual basis. A person with a positive ..... test must submit a health care provider ' s statement that the person does not constitute a risk of communicating ..... Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable ....., he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations	A 078		

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A 078	Continued From page 1	A 078		

to the resident ' s health care provider in accordance with this rule chapter.
(c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C.
(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and
2. Maintain time sheets for all staff.

This Statute or Rule is not met as evidenced by:
Based on interview and record review the facility failed to ensure that the required job related training, documentation that staff are free communicable , including for 1 of 3 employees sampled, Staff A. By not assuring the staff has the appropriate training and health screenings the residents are placed the residents at risk of inadequate care and potential exposure to which can potentially have an adverse effect on the residents' health.
Findings include:
Record review on revealed that Staff A had no documentation of current testing. Staff A was last tested on .
The record further revealed that Staff A, who was employed as a medication technician and caregiver, had no documentation of current , first aid, and assistance with self-administered medication

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A 078	Continued From page 2 training. Staff A's record [illegible] and first aid training expired [illegible]. Staff A is on the schedule as a night shift employee. Since Staff A's [illegible] is expired the residents would be without a properly trained employee that could perform [illegible] if needed. Staff A completed last completed the 4 hour medication training for providing assistance with self-administered medications on [illegible]. There was no documentation that Staff A had completed the 2 hour continuing education training that is required annually to be able to continue to assist with medication self-administration. Interview with the administrator on [illegible] she acknowledged that Staff A was out of date for [illegible] and medication training. She stated that she would have to pull the employee from the schedule, until she was updated. Class III	A 078		
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 [illegible] sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no	A 152		

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A 152	Continued From page 3 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 keys to resident [redacted] 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 [redacted] This Statute or Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure that the building's structure was free of potential hazards which placed the residents at risk of potential injury. The facility has a population of residents that may not be able to make appropriate decisions at times. Findings include: Observations of the facility on [redacted] revealed that the first floor had floor tile along the edges of the hallways, including the tile in front of the residents' [redacted] that had been removed. The gap made by the missing tile created a potential tripping hazard for residents' and employees'. The wall in the area between the dining area and	A 152		

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A 152	Continued From page 4 kitchen had peeling paint and exposed concrete. Some of the ceiling tiles on the first floor were missing or stained. The hall and [illegible] located near the back stairwell, that can be accessed from the residents' TV [illegible] materials and wood planks left unsecured. The facility had residents living on the first and third floor. The second and third floors were currently undergoing renovations. The elevator did not allow access to the second floor, but the stairwell door that allowed access to the second floor was unlocked. Residents can still access the second floor and the ongoing construction via the stairwell. Windows were left open; construction materials and tools were left out. There were no workers in the area, until the end of the second floor tour. The third floor had renovations being done at one end of the hall and resident [illegible] were on the other end. One of the workers renovating the third floor stated they were tearing out old cabinets and replacing old wiring. There were wood, other building materials, tools, and equipment with sharp blades left out, sometimes unattended, such as a circular saw, with wood boards sticking out of it. The circular saw was stationed in a [illegible] the stairwell/elevator area. This equipment could have been easily accessed by any of the residents, which created a potential for the residents to be able to harm themselves or others. Dirt, dust, and tiny pieces of construction materials and debris were on the floor on the second and third floors, mostly in the [illegible] being worked on (not currently used by residents). All of the empty [illegible] seen were under some type of construction, in some fashion, including paint, flooring, wall texture, and fixtures. All of those empty [illegible] had some sort of hazard to the residents including: tools, metal remnants, construction, peeled laminate flooring, missing baseboards, unpainted surfaces.	A 152		

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A 152	Continued From page 5 Interview with the administrator on [redacted] at approximately 4:00pm, she stated that when the contractors leave, all is locked up. She was unsure when the construction will be completed. She stated that the owner's husband is handling most of the construction. On [redacted] the contractor foreman stated that the construction on the 3rd floor should be completed in the next three weeks. During a phone interview with the owner on [redacted] at approximately 4:20pm, she stated that she has not been there in a week and a half, but would be back to check and agreed that having tools out where the residents have access was not safe. She stated that they are trying to improve the quality of living for the residents and that before she took over, the [redacted] had no toilets, and lots of homeless residents were living in the building. She was going to get with the administrator and see about moving the residents that will move, into [redacted] that are completed with the renovations. A phone call from the owner on [redacted] at approximately 12:45pm, the owner discussed the construction, including the open windows and the unattended tools. The owner stated that the windows were all closed, per the construction foreman, and that all the tools would be locked. The main concerns about the safety of the residents and the fact that all the residents lack the appropriate mental capacity to make decisions were addressed to the owner. She understood the concerns. Class III	A 152		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Central ALF
2349 Central Avenue
Saint Petersburg, FL 33713

Dear Administrator:

This letter reports the findings of a limited nursing services (LNS) monitoring visit 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 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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