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
	AL11967471	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HYDE PARK ASSISTED LIVING FACILITY	3011 WEST DE LEON STREET TAMPA, FL 33609

(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 monitoring visit was conducted on . The Hyde Park Assisted Living Facility had deficiencies found at the time of the visit.	A 000		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with , 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida Hotline " 1(800)96- or	A 030		

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A 030	Continued From page 1	A 030		

1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including

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half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the

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facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and

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A 030	Continued From page 4 advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. This Statute or Rule is not met as evidenced by: Based on observation and interview the assisted living facility failed to ensure 2 out of 7 (resident #6, resident #7) live in a safe and decent environment equipped with functional smoke detectors. Findings include: 1) Observations on at approximately 12:01 PM found resident #. Observations found # had a living upon entrance with two doors leading to separate resident . Observations found the resident directly across from the front door had two beds. Observations found multiple cigarette boxes on the bed closest to the door to the . Observations found the a smoke-like stench. Observations found the blanket on the bed closest to the door had multiple holes in it. Observations found the no equipped with a working smoke detector. Observations found the smoke detector was open without a battery. 2) In an interview with staff #2 on at approximately 12:04 PM, after she observed the smoke detector missing its battery, she stated there is no smoking permitted in the . 3) In an interview with the administrator on at approximately 12:06 PM, he identified resident #6 slept in the stated resident	A 030		

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#6 is a chain smoker. He stated resident #6 must have taken it out {the battery}. He stated he does not allow smoking in the . He stated resident #6 smells like smoke so everything in the smell like smoke.

4) Observations on at approximately 12:08 PM found resident # . Observations found # had a living entrance with two doors leading to separate resident . Observations found the resident directly across from the front door had two beds in the . Observations found the not equipped with a smoke detector.

5) In an interview with the administrator on at approximately 12:10 PM, he stated "it looks like someone took it out."

6) In an interview with resident #7 on at approximately 12:11 PM, she stated she took it out because it was beeping. She stated she told staff #3 but he did not do anything.

7) In an interview with the administrator on at approximately 12:15 PM, he stated when the Fire Marshall came, he saw them there {the smoke detectors}.

8) In an interview with resident #6 on at approximately 12:27 PM, he stated he took out the battery because it kept chirping.

9) In a phone interview with the supervisor of inspectors at the Fire Marshall on at approximately 4:27 PM, she stated the facility is overdue for an inspection. She stated usually they would call us. She stated they are due for an initial inspection since 2013. She stated she will have an inspector go out and do a

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A 030	Continued From page 6 complete inspection. Class III	A 030		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or 6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission	A 055		

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as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, [illegible], or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and

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may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation and interview the assisted living facility failed to ensure over the counter (OTC) products were secured and out of sight of other residents at all times.

Findings include:

1) Observations on at approximately 11:38 a.m. found resident # . Observations found # had a living entrance with two doors leading to separate resident . Observations found the resident directly across from the front door had two beds in the . Observations found two female residents lying in their respective beds. Observations found a bottle of , on the night stand in between the two beds. Observations found the bottle of , was not labeled nor secured properly.

2) In an interview with resident #8 on at approximately 11:39 a.m., she stated the is hers. She stated she got it from the store. She stated the facility provides her with her

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A 055	Continued From page 9 medications. 3) In an interview with the administrator on at approximately 12:15 p.m., he acknowledged the findings and stated he would take it away from her. Class III	A 055		
A 077	58A-5.019(1) FAC Staffing Standards - Administrators Staffing Standards. (1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter. (a) The administrators shall: 1. Be at least ; 2. If employed on or after , 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after , 1995, must have a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and 4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities	A 077		

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A 077	Continued From page 10 or agencies on a single campus. However, administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must: 1. Be at least ; and 2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the assisted living facility's assistant administrator (manager) failed to complete the CORE training requirements. Findings include: 1) In an interview with staff #1 on at approximately 9:36 a.m., she stated no one in charge is currently at the facility. She stated she can call the person in charge and ask for them to come. She stated the assistant administrator is almost there. She stated the assistant administrator usually works 9 a.m. to 5 p.m. She stated that there is no delegation of authority.	A 077		

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A 077	Continued From page 11	A 077		

2) Observations on at approximately 9:56 a.m. found the assistant administrator arrived to the facility. She confirmed that she was the assistant administrator.

3) In an interview with the assistant administrator on at approximately 10:03 a.m., she stated she had been working at the facility for a year. She stated she had no completed the CORE exam. She stated she is only the assistant administrator at the facility. She stated that the administrator has four assisted living facilities. She stated she has not taken the test and has been the assistant administrator for a year.

4) Record review of the assistant administrator found an application dated . Record reviewed lacked any evidence that the assistant administrator completed the CORE requirement.

5) In an interview with the administrator on at approximately 10:46 a.m., he stated he is the administrator over two assisted living facilities. He stated the assistant administrator is the assistant administrator at this facility. He stated she took the CORE test but has not passed. He stated that she will retake the class at a local college this weekend.

6) Website review of floridahealthfinders.gov confirmed the administrator is currently the administrator at two assisted living facilities.

7) In an interview with the administrator on at approximately 12:15 p.m., he acknowledged the findings and stated the assistant administrator needed to get one more question right to pass.

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A 077	Continued From page 12	A 077		
	Class III			
A 079	58A-5.019(4) FAC Staffing Standards - Levels	A 079		

(4) STAFFING STANDARDS.
(a) Minimum staffing:
1. Facilities shall maintain the following minimum staff hours per week:

Number of Residents	Staff Hours/Week
0-5	168
6-15	212
16-25	253
26-35	294
36-45	335
46-55	375
56-65	416
66-75	457
76-85	498
86-95	539

For every 20 residents over 95 add 42 staff hours per week.
2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.
4. At least one staff member who is trained in First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.
5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least 18

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years of age, must be designated in writing to be in charge of the facility.
6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.
7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule.
8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HYDE PARK ASSISTED LIVING FACILITY	3011 WEST DE LEON STREET TAMPA, FL 33609

(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 079	Continued From page 14	A 079		

are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.

1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.

2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.

3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met.

(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.

(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029,

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 079	Continued From page 15 58A-5.030, or 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the assisted living facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Findings Include: 1) Observations on at approximately 9:36 a.m. found the assistant administrator was not at the facility upon entrance. 2) In an interview with staff #1 on at approximately 9:36 a.m., she stated no one in charge is currently at the facility. She stated she can call the person in charge and ask for them to come. She stated the assistant administrator is almost there. She stated the assistant administrator usually works 9 a.m. to 5 p.m. 3) Record review of the facility's staffing schedule revealed the assistant administrator was scheduled to be at the facility from 8:30 a.m. to 4:30 p.m. on . 4) In an interview with staff #1 on at approximately 9:45 a.m., she confirmed the assistant administrator was scheduled to be at the facility from 8:30 a.m. to 4:30 p.m. on . She stated that the assistant administrator had not arrived to the facility yet today. 5) Observations on at approximately 9:56 a.m. found the assistant administrator arrived to the facility. She confirmed that she was	A 079		

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A 079	Continued From page 16 the assistant administrator. 6) In an interview with the administrator on at approximately 12:15 p.m., he acknowledged the findings and stated the assistant administrator was not at the facility because he had sent her to go get some spray for a new patient. He stated she is usually at the facility but this morning she was not. Class III	A 079		
A 093	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings; 3. Fruit: 2 4 or more servings;	A 093		

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4. Bread and starches: 6 11 or more servings;
5. Milk or milk equivalent: 2 servings;
6. Fats, oils, and sweets: use sparingly; and
7. Water.
(c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.
(e) Therapeutic diets shall be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items which enable

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residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in

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accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the assisted living facility failed to ensure dietary standards were met.

Findings include:

1) In an interview with resident #2 on at approximately 10:22 AM, he stated "the food is funny around here." He stated the facility does not give you options if you do not like what they have.

2) In an interview with resident #3 on at approximately 10:31 AM, he stated if he does not like what they are serving he will ask for a grilled cheese and they will give it to him. He stated the facility likes a heads up usually but if you give them an option they will usually make it for you.

3) Observations on at approximately 10:50 AM found only the daily menu written on a dry erase board in the dining . Observations found for lunch on was an egg salad sandwich, soup, crackers, and pineapple. Observations found there were no alternatives listed. Observations found a 7-day planned menu only posted in the kitchen of the facility. Observations on the door to the kitchen found a sign which showed residents are not

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A 093	Continued From page 20	A 093		

allowed in the kitchen.

4) In an interview with the wife of the administrator on at approximately 10:58 AM, she stated it was there last week but she does not see it now. She stated the menu is usually posted outside. She stated she will post a 4 week cycle.

5) In an interview with the wife of the administrator on at approximately 11:01 AM, she stated two hours ahead residents would tell the cook what they do not like and just in case they have a couple of changes. She stated she will usually have five or six extra plates of something else. She stated most of the residents are aware of this.

6) In an interview with resident #4 on at approximately 11:05 AM, he stated they usually have a menu posted. He stated it is only the days' menu. He stated they do not post the weekly menu.

7) In an interview with resident #5 on at approximately 11:27 AM, he stated the only complaint is has is the food. He stated they have a menu posted and everyone gets the same stuff but you can get a grilled cheese if you ask an hour earlier. He stated they only post the menu for the day.

8) In an interview with the administrator on at approximately 12:15 PM, he acknowledged the findings and stated that 30 days is usually posted.

Class III

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A 152	Continued From page 21	A 152		
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 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 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	A 152		

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This Statute or Rule is not met as evidenced by:
Based on observation and interview the assisted living facility failed to ensure a safe living environment with all existing architectural, mechanical, electrical, and structural systems in good working order.

Findings include:

1) Observations on at approximately 11:40 AM found resident # . Observations found # had a living entrance with two doors leading to separate resident . Observations found the resident to the right of the entrance door had one bed in the , resident #9 lying in it. Observations found a in the . Observations found, upon turning on the light to the , the fan in the making a loud noise.

2) In an interview with resident #9 on at approximately 11:43 AM, he stated the sound is not pleasant. He stated he would prefer if the fan did not make that noise. He stated the noise drives him crazy when it is on. He stated he was in this and it has made that noise for many months.

3) In an interview with the wife of the administrator on at approximately 11:46 AM, she stated it may be easier to just replace it.

4) Observations on at approximately 12:08 PM found resident # . Observations found # had a living

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A 152	Continued From page 23 upon entrance with two doors leading to separate resident . Observations found the resident directly across from the front door had two beds in the . Observations found the ceiling had a slow drip in the middle of the from the ceiling. Observations found a garbage basket placed in the middle of the residents' the dripping water. Observations found a stain on the ceiling of the residents' . 5) In an interview with resident #7 on at approximately 12:11 PM, she stated it has been leaking for a year now. She stated her put the garbage can there. She stated she hopes someone fixes it. She stated staff #3 knew about it {the leak}. 6) In an interview with the administrator on at approximately 12:15 PM, he acknowledged the findings and stated the fan was just fixed and its ready for inspection. He stated he would get the leak fixed, absolutely. Class III	A 152		
A 160	58A-5.024(1) FAC Records - Facility Records. The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. (1) FACILITY RECORDS. Facility records shall include: (a) The facility ' s license which shall be displayed in a conspicuous and public place within the facility.	A 160		

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A 160	Continued From page 24 (b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s: 1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure ; and 2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is , the date of . Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns. (e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured.	A 160		

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(f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.;
(g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.;
(h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.
(i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C.
(j) If the facility advertises that it provides special care for persons with ' s or related , a copy of all such facility advertisements as required by Section 429.177, F.S.
(k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C.
(l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate.
(m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years.
(n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.
(o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.

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A 160	Continued From page 26 (p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. (q) The facility ' s resident elopement response policies and procedures. (r) The facility ' s documented resident elopement response drills. This Statute or Rule is not met as evidenced by: Based on observation and interview the assisted living facility failed to ensure all fire safety inspection reports issued by the local authority or the State Fire Marshal were completed pursuant to Section 429.41, F.S. Findings include: 1) Observations on at approximately 12:01 PM found resident # . Observations found # had a living entrance with two doors leading to separate resident . Observations found the resident directly across from the front door had two beds. Observations found multiple cigarette boxes on the bed closest to the door to the . Observations found the a smoke-like stench. Observations found the blanket on the bed closest to the door had multiple holes in it. Observations found the no equipped with a working smoke detector. Observations found the smoke detector was open without a battery. 2) In an interview with the administrator on at approximately 12:06 PM, he identified resident #6 slept in the stated resident	A 160		

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
	AL11967471	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HYDE PARK ASSISTED LIVING FACILITY	3011 WEST DE LEON STREET TAMPA, FL 33609

(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 160	Continued From page 27 #6 is a chain smoker. He stated resident #6 must have taken it out {the battery}. He stated he does not allow smoking in the . He stated resident #6 smells like smoke so everything in the smell like smoke. 3) Observations on at approximately 12:08 PM found resident # . Observations found # had a living entrance with two doors leading to separate resident . Observations found the resident directly across from the front door had two beds in the . Observations found the not equipped with a smoke detector. 4) In an interview with the administrator on at approximately 12:10 PM, he stated "it looks like someone took it out." 5) In an interview with the administrator on at approximately 12:15 PM, he stated when the Fire Marshall came, he saw them there {the smoke detectors}. 6) In a phone interview with the supervisor of inspectors at the Fire Marshall on at approximately 4:27 PM, she stated the facility is overdue for an inspection. She stated usually they would call us. She stated they are due for an initial inspection since 2013. She stated she will have an inspector go out and do a complete inspection. Class III	A 160		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hyde Park Assisted Living Facility
3011 West De Leon Street
Tampa, FL 33609

Dear Administrator:

This letter reports the findings of a monitoring visit hat 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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