

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910478	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER INN AT THE FOUNTAINS			STREET ADDRESS, CITY, STATE, ZIP CODE 1255 PASADENA AVENUE, S. SAINT PETERSBURG, FL 33707		
(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 An abbreviated biennial state licensure survey with limited nursing services (LNS) was completed in conjunction with a complaint survey, CCR# 2013000154, see Aspen Event 15KS11). The Inn at the Fountains, assisted living facility, had a deficiency found at the time of the visit.	A 000			
A 181	58A-5.026(2) FAC Emergency Mgmt - Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan shall be submitted for review and approval to the county emergency management agency. (a) The county emergency management agency has 60 days in which to review and approve the plan or advise the facility of necessary revisions. Any revisions must be made and the plan resubmitted to the county office of emergency management within 30 days of receiving notification from the county agency that the plan must be revised. (b) Newly-licensed facility and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility shall review its emergency management plan on an annual basis. Any substantive changes must be submitted to the county emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the county emergency	A 181			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6800

8PRV11

If continuation sheet 1 of 3

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A 181	Continued From page 1 management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The county emergency management agency shall be the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the county emergency management agency shall be considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain an approved Emergency Management Plan for the year 2013, placing all residents at risk for not receiving approved emergency care in the event of a facility wide emergency. Findings include: A review of the Emergency Management paperwork revealed an approved Emergency Management Plan valid through Further review revealed a letter from the Pinellas County Emergency Management dated indicating that either the CEMP either had not been received or not approved. A further record review revealed correspondence between the facility's Executive Director and the Emergency Management beginning in that reflected the facility was trying to seek alternate emergency placement for its residents in the event they needed to evacuate.	A 181			

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A 181	Continued From page 2 An interview with the administrator on at approximately 10:00 a.m. revealed the facility was going to meet with other providers and Pinellas Emergency Management in the coming week or so to try and resolve the emergency/evacuation plan issues. She said the issues revolved around changes made to the facility's evacuation zone. Class III	A 181			



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Inn at the Fountains
1255 Pasadena Avenue, S.
Saint Petersburg, FL 33707

Dear Administrator:

Re: CCR# 2013000154 & LNS Monitoring Visit

This letter reports the findings of a complaint survey and a limited nursing services (LNS) monitoring visit that were conducted on , 2013, by representatives 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 [://ahca.myflorida.com/Publications/Forms.shtml](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 surveyors. Should you have any questions please call Paul Brown, HFES, at 727-552-2000.

Sincerely,

Paul Y. Brown
Patricia Reid Kaufman
Field Office Manager

For

PRC/kpr

Enclosures: State Forms 3020

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161