STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910224	07/02/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Adult Home Care Villa, Inc.	4760 Eighth Avenue, South Saint Petersburg, FL 33711	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

0000-Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2013005907, was conducted on

The Adult Home Care Villa, Inc., assisted living facility, had an unrelated deficiency cited, A 0167, at the time of the visit.

0167-Resident Contracts 58A-5.025(1) FAC
Based on record review and interview, the facility failed to ensure that a resident had a signed resident contract prior to or at the time of admission for 1 (Resident #2) of 6 residents sampled for record review.

Findings include:

Review of Resident #2's facility chart revealed that the resident was admitted to the facility on There was a facility Admissions Agreement in the resident's record with her name handwritten on the first page, but the Acknowledgement and Receipt, page 8, was not signed or dated by the resident or the facility representative.

Interview with Staff A, a caregiver and the previous administrator, on at approximately 1:30 p.m. revealed that she did not have the resident sign the contract because she was worried about the resident's constant itching (which was later diagnosed as and wanted to wait and see if the condition resolved before she had the resident sign the contract. She believed it would make it easier to give the resident a 45 days' notice.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Adult Home Care Villa, Inc.
4760 Eighth Avenue, South
Saint Petersburg, FL 33711

Dear Administrator:

Re: **CCR# 2013005907**

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 (5000-3547) 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,

Paul Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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