STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967286	07/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Loving Care Of St Petersburg	1001 9th Street North Saint Petersburg, FL 33701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0029 - 58a-5.0182(5) Fac - Resident Care - Nursing Services S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013007316, was conducted on .

The Loving Care of St. Petersburg, assisted living facility, had deficiencies at the time of the visit.

0029-Resident Care - Nursing Services 58A-5.0182(5) FAC

Based on observation and interview, the facility allowed unlicensed non-nursing staff to take and monitor the vital signs for one of nine sampled residents (Resident #6).

Findings include:

During a visit to the facility conducted on , when the surveyors entered the facility's office at 9:15 AM, Employee A was observed wrapping a cuff around the arm of Resident #6. Employee A then pumped the cuff, read the dial on the cuff and wrote down Resident #6's .

When interviewed that same date at approximately 10:15 AM, Employee A confirmed that she is not a nurse or a Certified Nursing Assistant and also confirmed that the facility does not employ a nurse. Employee A stated that Resident #6 had reported he was feeling "weak" so she checked his .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967286	07/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Loving Care Of St Petersburg	**1001 9th Street North Saint Petersburg, FL 33701**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe living environment, free of hazards and water damage for 9 of 10 sampled residents (Residents #2-10).

Findings include:

The surveyors conducted a tour of the facility beginning on at approximately 9:10 AM and ending at approximately 12:10 PM. During the tour, the surveyors observed that on the second floor of the facility, there was water damage from the recent rains. A wall located on the west side of had water coming down in a constant stream.
Part of the ceiling outside 200-202 had a square removed and water was dripping. There were some wires near where the dripping and the water was dripping on the wiring before falling to the carpet.
leaked water through one of the windows onto the floor and the residents' clothing when it rained.
The ceiling in had water damage and the roof above the been recently patched.
The roof of the facility is accessible from a door on the third floor. There are no railings or barriers on the roof.
Resident #6 resides in . Resident #6 was interviewed on at approximately 10:15 AM.
Resident #6 stated that rain had been coming in the window of his and leaked onto his clothes.
Resident #6 said he had to frequently wipe up water off the floor of his .
The facility's business manager was interviewed on at 12:45 PM and he acknowledged the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Loving Care of St Petersburg
1001 9th Street North
Saint Petersburg, FL 33701

Dear Administrator:

Re: **CCR# 2013007316**

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 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,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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