STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967005	09/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wesley House Iii	**28502 Tall Grass Drive Wesley Chapel, FL 33543**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on .

The Wesley House III, assisted living facility, had deficiencies at the time of the visit.

0083-Training - First Aid and 58A-5.0191(4) FAC

Based upon interview & record review, 1 (A) of 2 staff scheduled to be on duty alone did not have current valid documentation of on file.

Findings include:

1. A review of the personnel record for staff A revealed that the card on file had expired on . This staff person is schedule to work on shifts alone.

Per interview with both the staff & management (approximately 3pm), it was stated that they missed that the card had expired. Since the 1st Aid card didn't expire until , they missed the fact the card expired a year earlier.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based upon record review and interview, 1 (A) of 2 personnel records reviewed lacked documentation of a 4 hour initial training related to assisting residents with self-administered medications.

Findings include:

1. A review of the personnel record for staff A revealed there was not any documentation of the staff attending a 4 hour training related to the procedures & techniques of assisting residents with self-administration of medications.

While staff had attended training, the training was through the department of persons with for "administration of medication" of residents in their program.

During discussion at about 2pm, management indicated they thought this training also met regulatory

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967005	**09/17/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wesley House Iii	**28502 Tall Grass Drive Wesley Chapel, FL 33543**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

requirements of assisted living facilities.

Class III

FLORIDA AGENCY FOR HEALTH ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Wesley House III
28502 Tall Grass Drive
Wesley Chapel, FL 33543

Dear Administrator:

This letter reports the findings of a biennial state licensure 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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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