STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967632	09/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Dlm Home Care Services Alf	8416 Barrett Place Tampa, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A biennial state licensure survey was conducted on .

The DLM Home Care Services ALF had deficiencies at the time of the visit.

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview, two of two direct care staff sampled (B; C) had not received at least one hour of training regarding the facility's policies and procedures pertaining to . Findings include:

Although a personnel file review during the survey of Staff B and C found that each had received training in as of closer review of this document found that the provider of the training was not the administrator/owner of the facility in question. In addition, interview with Staff C at approximately 2:15pm on revealed that he/she was unable to clearly describe the facility's policy/procedure (s); he/she indicated that no formal training had been provided by the facility administrator.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview, the facility failed to maintain a weight record for two of two residents sampled (#4; 5). Findings include:

A review of resident records during the survey revealed that Resident #4 was admitted to the facility . No admission weight could be found in the file. Review of Resident #5's file found that this individual had been admitted to the facility , but no weights could be located. Interview with the administrator at approximately 1:10pm on verified that these weights were missing from both residents' records.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
DLM Home Care Services ALF
8416 Barrett Place
Tampa, FL 33612

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,

Patricia Reid Cauffman
FOR Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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