STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932424	10/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Central Alf	2349 Central Avenue Saint Petersburg, FL 33713	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey with limited nursing services (LNS) and limited mental health (LMH) services was conducted on

The Central ALF, assisted living facility, had a deficiency at the time of the visit.

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on interviews and record review, the facility failed to obtain a complete order for a Limited Nursing Service (LNS) and did not ensure that only licensed staff performed the service for 1 (Resident #2) of 1 residents that received LNS services.

Findings include:

Phone interview with the administrator on at approximately 9:25am revealed that Resident #2 was ordered embolic stockings hoses-thromboembolism-deterrent hose, used to help prevent the progression of

Review of Resident #2's health assessment, Form 1823 dated revealed that hose was listed in the section titled: service requirements, on page 1.

Further review of Resident #2's record revealed that there was no complete order that gives specific directions for the use of the hose.

Interview with Resident #2 on at approximately 10:30am revealed that the resident aide puts on her hose in the morning and she takes them off at night.

In the interview with Staff C, a med tech/resident aide, on at approximately 1:00pm, he stated he helps Resident #2 two days a week with her showers when he works the 11pm to 7am shift. He puts on her hose (stockings) because she stated she cannot do it. She asks for the help and he does it.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Central ALF
2349 Central Avenue
Saint Petersburg, FL 33713

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 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,

Patricia Reid Caufman
FOR 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