

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/05/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966458	(X3) DATE SURVEY COMPLETED 10/24/2013
NAME OF PROVIDER OR SUPPLIER Central Tampa Assisted Living	STREET ADDRESS, CITY, STATE, ZIP CODE 5010 40 Street North Tampa, FL 33610	
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

Specific Tag Findings:

0000-Initial Comments

Two complaint investigations, CCR #2013007894, and CCR #2013011021, were conducted on

The Central Tampa Assisted Living had a deficiency at the time of the visit.

0167-Resident Contracts 58A-5.025(1) FAC

Based on record review and interview, the contract for one of two residents whose record was reviewed (#1) had not been appropriately executed.

Findings include:

Although a review of Resident #1's file during the investigation found a contract dated that had been signed by a facility representative, there was no signature from the resident's power of attorney. Interview with the director of operations at approximately 1:20pm on revealed that "they had made multiple attempts to get in touch with this person but had been unsuccessful."

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Central Tampa Assisted Living
5010 40 Street North
Tampa, FL 33610

Dear Administrator:

Re: CCR# 2013011021 & CCR# 2013007894

This letter reports the findings of two complaint surveys that were conducted on , 2013, by representative(s) 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

