STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968177	11/13/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
La Bella Vida Alf Ii	5816 N Grady Ave Tampa, FL 33614	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on 11/

The La Bella Vida ALF II, assisted living facility, had deficiencies at the time of the visit.

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

Based on record review, observation and interview, one of three staff sampled (A) who assisted residents with their medication self-administration as a part of their duties had not received the initial 4 hour training in this area.

Findings include:

Although review of Staff A's personnel file during the 11/ inspection revealed that she had taken the two (2) hour update training in medication topics, further review of the record found no documented evidence that she had received the initial 4 hour training in medication assistance. This employee was observed assisting residents with their medications from approximately 12:15pm to 12:45pm on 11/
An interview with the assistant administrator at approximately 1:30pm on 11/ indicated that this certification had apparently been misfiled.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation and interview, the facility did not maintain a sufficient 3-day supply of non-perishable food on hand at all times.

Findings include:

Observation of the facility's 3-day disaster food supply at approximately 2:30pm on 11/ revealed that it did not maintain any canned/other non-perishable fruit foodstuffs. Interview with the administrator at this time confirmed that "she needed to go shopping to augment this food supply."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
La Bella Vida ALF II
5816 N Grady Ave
Tampa, FL 33614

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2013, by representative(s) 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Y Brown

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