STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967603	08/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Amazing Grace Alf	1106 E Richmere Street Tampa, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0026-Resident Care - Social & Leisure Activities-08/05/2013
0030-Resident Care - Rights & Facility Procedures-08/05/2013
0052-Medication - Assistance With Self-Admin-08/05/2013
0093-Food Service - Dietary Standards-08/05/2013
0152-Physical Plant - Safe Living

Revisit Repeat Tags:

0054-Medication - Records-58a-5.0185(5) Fac
0079-Staffing Standards - Levels-58a-5.019(4) Fac

Specific Tag Findings:

0000-Initial Comments

A revisit to a complaint survey was conducted on 08/05/13.

The Amazing Grace Assisted Living Facility, had uncorrected deficiencies at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on interview and record review, the facility failed to accurately document whether one of eight sampled residents (Resident #6) received prescribed medications.

Findings include:

On , the surveyor reviewed the facility's Medication Observation Records (MORS). The surveyor noted that Resident #6 was prescribed 15 mg - one capsule at bedtime. The MOR indicated that the medication was prescribed at 8:00 PM. There was no signature on the MOR for indicating that the medication was given and no documentation as to why the dosage was missed.

The surveyor interviewed Employee A on at approximately 9:40 AM. Employee A stated that he had worked the previous evening and had given Resident #6 his medication. Employee A said that he must have missed signing the MOR indicating the medication was given.

Uncorrected Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on observation, interview and record review, the facility failed to have the required number of weekly staffing hours to provide supervision and care for eight of eight sampled residents (Residents #1-8).

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Findings include:

On , during a visit to the facility, the surveyor reviewed the staffing schedule provided by the administrator for the month of : 2013. The surveyor noted that the schedule indicated there were 188 staff hours per week.
On that same date, the surveyor noted that there were eight residents at the facility. The requirement for eight residents is 212 staff hours per week.

When interviewed on at approximately 9:50 AM, the administrator said that she was at the facility for more hours than those indicated by the schedule and that the schedule did not accurately reflect staffing.

On , the surveyor received a revised schedule, faxed by the administrator. Based on this schedule, the facility has 204 staff hours per week, still short of the required 212 hours.

Uncorrected Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Amazing Grace ALF
1106 E Richmere Street
Tampa, FL 33612

Dear Administrator:

This letter reports the findings of a state licensure revisit 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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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