STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932639	01/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gallo House I, Inc.	9110 Star Trail New Port Richey, FL 34654	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0003 - 58a-5.014 Fac - Licensure - Change Of Ownership (chow) S-S= C
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= B

Specific Tag Findings:

Assisted Living Facility

An unannounced change of ownership (CHOW) state licensure survey was conducted on

The Gallo House I, Inc., assisted living facility, had deficiencies at the time of the visit.

0003-Licensure - Change of Ownership (CHOW) 58A-5.014 FAC

Based on record reviews and interviews, the facility failed to notify the residents that the facility changed owners.

Findings include:

Review of the admission and discharge record revealed that Resident #1 was admitted to the facility on

The provisional license for the facility was issued for the new owners on

Interview with Resident #1 on at approximately 10:10 a.m. revealed that she was not told that the facility changed owners and got no paperwork concerning it.

Review of Resident #3's facility record did not reveal any documentation regarding the change of ownership.

Interview with the administrator on 01 at approximately 6:30pm revealed that she did not notify the residents of the change of ownership because she assumed they knew because the previous owner

Class

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record reviews and interview, the facility failed to document an awareness of a resident's activities, health, and well-being for 1 (Resident #3) of 2 residents sampled for record review. The facility also failed to document contact with the health care provider or resident's responsible party for medical concerns for 1 (Resident #4) of 2 residents sampled for record review.

Findings include:

Review of the facility's admission and discharge record revealed that Resident #3 was admitted to the facility on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932639	01/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gallo House I, Inc.	9110 Star Trail New Port Richey, FL 34654	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Resident #4 was admitted on .

Review of Resident #3's computerized observation record revealed that she only had one, undated note on the computer concerning the resident since her admission to the facility.

Review of Resident #4's computer record revealed that on the resident experienced leg pains. On , the notes indicated that he requested medication for a on his hand. There was no documentation in the notes that the resident's health care provider or responsible party was contacted, what care was given, or the outcome of any care given.

In the interview with the administrator on at approximately 4:40pm, she stated that she relays the information about the residents to the doctor once a week, but no notes are written. She acknowledged the need for resident notes for resident behavior, health and communication with the doctor or other parties.

Class III

0082-Training - 58A-5.0191(3) FAC

Based on record reviews and interview, the facility failed to ensure that all facility staff had completed a course on within 30 days of hire for 2 (Staff B and C) of 3 sampled staff members.

Findings include:

Review Staff B's employee record revealed that she was hired on Review of Staff C's employee record revealed that he was hired on . There was no documentation in either staff members' records of a completed course for .

In the interview with the administrator on at approximately 5:35 p.m., she stated that the class was not done because she believed it was the same as borne .

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observations and interview, the facility failed to ensure that the building was free of potential safety hazards for the residents.

Findings include:

Observations during the tour of the facility on at approximately 9:10am revealed that there was damaged, wood-like floor tiles in front of a resident's . Some of the tiles were cracked. Parts of the tile were uneven. One tile had come completely loose from the floor and was lying just outside the entrance to the . There was also a floor tile in the middle of the hall near that was not level with the rest of the floor (sunken) and posed a tripping hazard. In the group to the kitchen, the ceiling was damaged above the sink area. There was an area that had been patched but a hole remained in the ceiling. At approximately 11:50am, observations in a resident's revealed that there was a floor tile that was loose from the floor and raised at an angle. The tile was directly in front of the resident's bed and posed a tripping hazard.

Interview with the administrator on at approximately 9:50am revealed that the tiles in are

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932639	01/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gallo House I, Inc.	9110 Star Trail New Port Richey, FL 34654	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

warped because the resident had [redacted] on the floor. The [redacted] was damaged because one of the residents grabbed one of the pieces of the ceiling that was hanging down that was meant to be put back up. The floor near [redacted] was damaged from the resident flooding his [redacted] his [redacted]. She stated that they put in a new air conditioning unit, sprinkler unit, new tile, and new floors. The other tiles will be repaired in the next 2 months.

Class III

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

Based on record reviews and interview, the facility failed to include the specific monthly contract rate on the resident contract for 2 (Residents #3 and #4) of 2 residents sampled for record review. The facility also failed to have the contract signed by the resident's legal guardian for 1 (Resident #4) of 2 residents sampled for record review.

Findings include:

Review of Resident #3's facility contract revealed that it was signed on [redacted]. In part 1 of the Financial Agreement Section, there was no specific amount of money written in the blank used to indicate how much the resident agreed to pay per month, week, or day. Only "current [redacted]" was written in the blank.

Review of Resident #4's facility contract and record revealed that the resident was appointed a legal guardian. The contract was only signed by the resident on [redacted] instead of the guardian. Resident #4's contract was also missing a specific rate. "Current [redacted]" was also written in the "agree to pay" blank in part 1 of the Financial Agreement Section of his contract.

Interview with the administrator on [redacted] at approximately 6:30 p.m. revealed that she did not realize she had to put a specific amount on the contract that the resident agrees to pay. She stated she will get Resident #4's guardian to come sign his contract.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Gallo House I, Inc.
9110 Star Trail
New Port Richey, FL 34654

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey that was conducted on , 2014, 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

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