

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/19/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11943141	(X3) DATE SURVEY COMPLETED 02/18/2014
NAME OF PROVIDER OR SUPPLIER Elzaida's Tender Care	STREET ADDRESS, CITY, STATE, ZIP CODE 804 South Belcher Road Clearwater, FL 33764	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

Assisted Living Facility

A biennial licensure survey was conducted on

The Elzaida's Tender Care assisted living facility had one deficiency found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have one (#B) of two personnel files of sampled direct care staff contain a free from communicable statement signed by a health care provider.

Findings include:

Record review on of staff #B's personnel file revealed there was no documentation stating the staff #B was free of communicable Staff #B was hired on and had thirty (30) days to submit the necessary documentation.

Staff #A, during an interview on at approximately 2:00 p.m., verified that the necessary documentation was not in the personnel file of staff #B.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Elzaida's Tender Care
804 South Belcher Road
Clearwater, FL 33764

Dear Administrator:

This letter reports the findings of a biennial 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 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,

Patricia Reid Cauffman
Field Office Manager

for

PRC/kpr

Enclosure: State (5000-3547) Form

