STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	02/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tyrone Manor	**2192 74th Street, North Saint Petersburg, FL 33710**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on .

The Tyrone Manor, assisted living facility, had deficiencies at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview, the file for one of two residents sampled (#4) did not contain a face-to-face medical examination report that had been completed either 60 calendar days prior to, or within 30 calendar days after, admission to the facility. Findings include:

A review of resident records during the survey revealed that Resident #4's file did not contain a copy of this individual's health assessment. Further review of the record found that the resident had been admitted to the facility but aside from evaluations completed by numerous providers prior to the resident's arrival at the facility, no formal AHCA 1823, 2010 edition had been completed within the required time frames. Interview with the administrator at approximately 2:20pm on provided no clarification.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation, the facility did not keep centrally stored medications in a locked cabinet/cart at all times. Findings include:

At approximately 11:45am on , the administrator was observed leaving the dining where the medication cabinet was located. Upon attempting to open, it was discovered that the medication cart was unlocked, and that multiple drawers containing the pharmaceuticals of multiple residents could be opened and accessed. The administrator didn't return until approximately 11:52am, or a total of about 7 minutes away in which the medication cabinet had been left unlocked/unsupervised.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	02/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview, the administrator (A) had not completed the required number of continuing education hours every two years. Findings include:

A review of the administrator's personnel file during the survey revealed that she had only completed a total of five (5) continuing education hours over the last two (2) years. Interview with the administrator at approximately 2:15pm on provided no explanation.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on record review and interview, the facility did not maintain a current file of menu substitutions served over the last 6 months. Findings include:

A review of the facility menu substitution log during the survey found a log from to , and then the items substituted during the day of the survey, . Further administrative documentation review found nothing pertaining to the period of - ; in an interview with the administrator at approximately 1:30pm on , she stated that "she thought she had maintained such a log, but was unable to locate it."

Class III

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

Based on record review and interview, the files for two of two residents sampled (#1; 4) either did not contain a contract and/or include all required properly executed addendums. Findings include:

A review of resident records revealed that Resident #1's (admitted) file contained unsigned addendums pertaining to a) verification of receipt of an admission packet --containing rules of the facility; ombudsman information; etc.; b) verbiage related to the refund policy, stating that if after a contract is terminated the facility intends to make a claim against the refund due the resident, the facility shall notify the resident/representative in writing of this claim, allowing said party no less than 14 calendar days to respond; and c) the facility's policies and procedures related to a properly executed . Review of Resident #4's (admitted) record neither contained the above, nor included a copy of a residency agreement altogether. Interview with the administrator at approximately 2:30pm on provided any clarification.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Tyrone Manor
2192 74th Street, North
Saint Petersburg, FL 33710

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 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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