STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966458	02/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Central Tampa Assisted Living	5010 40 Street North Tampa, FL 33610	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two unannounced complaint surveys, CCR# 2013012875 and CCR# 2013013181, were conducted on

The Central Tampa Assisted Living Facility had an unrelated deficiency at the time of the visit.

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

Based on record reviews and interviews, the facility failed to document residents' health, safety, well-being, change in condition and/or major incidents for 8 (Residents #1, #2, #4, #5, #6, #7, #8, and #9) of 8 residents sampled for record documentation.

Findings include:

Review of Resident #1's home health home care interdisciplinary communication record dated revealed that he started care for 2 wounds on his left hip. There was no documentation of any , contact with the resident's doctor or responsible party, or care provided in his resident observation log. The last note by facility staff in the log was dated . Review of Resident #2's home health documentation flow sheet dated indicated that the resident had 4 open wounds to her right lower extremity that home health treated. Review of Resident #2's facility record revealed that she had no resident observation log or other documentation by facility staff about how she even obtained the on her leg. Review of the facility's internal report and records for Resident #4 and #5 revealed that they had an unwitnessed fight. Resident #5 was sitting on a chair and Resident #4 was standing. The residents were separated. Resident #4 was put in bed and Resident #5 was escorted to his . They both were checked and received ice for black eyes. There was no documentation in either residents' resident observation logs or other documentation by facility staff about the fight or any followup care provided. Interview with the administrator and owner on at approximately 9:50am revealed that 4 residents (Residents #6, #7, #8, and #9) were part of an investigation by another agency related to lack of treatment. Review of Resident #6's record revealed that she was admitted to the facility on . She had no resident observation log or documentation in her record by facility staff about her health or well-being.

In the interview with the administrator on at approximately 11:30am, she stated that Resident #6 really does not have much, so they don't write anything on her.

Review of Resident #7's record revealed that she was admitted . The last documentation by staff in her

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resident observation log was in

Review of Resident #8's record revealed that he was admitted to the facility on . . . . . His . . report dated . . . . . indicated that he had 2 biopsies done that were negative for . . and . . . . . Resident #8 had no documentation in his resident observation log about being tested for . . . . . Review of Resident #9's record revealed that she had been admitted . . Her . . . . . report dated . . . . . indicated she had a . . . . was not identified. Resident #9 had no resident observation logs.

In the interview with the administrator on . . . . . at approximately 5:45 p.m., she indicated that she would work on the documentation for residents' records right away.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Central Tampa Assisted Living
5010 40 Street North
Tampa, FL 33610

Dear Administrator:

Re: **CCR# 2013012875 & CCR# 2013013181**

This letter reports the findings of two complaint surveys that were 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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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