STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964826	03/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Flo-Ronke, Inc.	1513 East Ellicott Street Tampa, FL 33610	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013013324, was conducted on .

The Flo-Ronke, Inc., assisted living facility, had deficiencies at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based upon interview & record review, the facility violated the rights of 1 (#1) of 3 residents reviewed by with holding personal spending money due a resident.

Findings include:

During the visit of and record review, the resident personal spending account log reflected resident #1 received his $54.00 personal allowance in 2013, 2013 & 2014.

During the on-site interview on with the administrator (about 10:30am) she stated which was planning to with hold $10.00 from the residents personal spending money (of $54.00) since his monthly social security check was being reduced by social security due to past over payments but never did. The administrator said she gave the resident his full amount due of $54.00. However, in a subsequent telephone interview with the administrator (about 3:30pm) when asked about the 2014 $54.00 due the resident the administrator admitted that it was not given to the resident because he owed her money.

The administrator agreed to immediately reimburse the $54.00 spending allowance due the resident after informing her that this was a violation of his rights and the $54.00 personal allowance issued from is strictly to go to the residents for their own use.

Class III

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

Based upon observation during facility tour, the facility did not ensure all areas were maintained in good condition.

Findings include:

During a tour of the home on certain areas of the facility flooring was observed to have indentations in the

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linoleum tiles where the wood floor beneath appeared to be spongy. Additionally, the metal threshold of the resident [redacted] loose and required fastening as it was a potential tripping hazard. During interview with the facility staff (about 10:30am) he stated he was in process of patching the floor board where needed and installing new new linoleum floor tiles. He was working on the floor of one resident [redacted].

During interview with the administrator (about 11:30am) she acknowledged that certain areas of the flooring required repair and stated she was having someone come in to fix the flooring.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Flo-Ronke, Inc.
1513 East Ellicott Street
Tampa, FL 33610

Dear Administrator:

Re: **CCR# 2013013314**

This letter reports the findings of a complaint 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,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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