STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964831	03/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arbor Oaks At Tyrone	1701 68 Street, North Saint Petersburg, FL 33710	
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

A complaint survey, CCR# 2013012961, was conducted on [redacted].

The Arbor Oaks at Tyrone, assisted living facility, had a deficiency at the time of the visit.

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

Based on record review and interview the facility failed to ensure for 1 of (1) 2 residents reviewed that they contacted the residents health care surrogate when there were significant changes.

Findings include:

During a record review it was revealed resident #1 had a Health Care surrogate and a Power Of Attorney. The facility had the executed documentation in the resident's file and neglected to contact the health care surrogate with matters pertaining to the residents health and care. The resident had declined in health. The resident was placed on hospice for [redacted]. The resident was transferred to the memory care unit. The resident [redacted] and was sent to the hospital. The resident [redacted]. The facility failed to notify the health care surrogate.

The facility only notified the power of attorney concerning the residents health during the residents stay at the facility.
The family was not notified of the residents [redacted] or arrangements.
The facility did not follow their polices and procedures.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Arbor Oaks at Tyrone
1701 68 Street, North
Saint Petersburg, FL 33710

Dear Administrator:

Re: **CCR# 2013012961**

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 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 Gauthier
Fiedl Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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