

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/20/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911156	(X3) DATE SURVEY COMPLETED 02/11/2014
NAME OF PROVIDER OR SUPPLIER Visionary Living, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 923 North 77th Avenue Pensacola, FL 32506	
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

0000-Initial Comments

A monitoring visit was conducted on 1- . The Visionary Living assisted living facility had deficiencies 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 ensure 1 of 2 employees had freedom from () statement documented on an annual basis in their personnel record (Employee A).

The findings are:

Review of employee A indicated that he was initially hired on . and he had a negative . test dated on : signed by nurse.

Interview with the administrator on 1- at 3:35pm, she stated that she most current screening result for employee A the facility had was the one dated on .

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Visionary Living, Inc
923 North 77th Avenue
Pensacola, FL 32506

Dear Administrator:

This letter reports the findings of a monitoring survey that was conducted on , 2014 by representatives 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 after , 2014 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

