STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953457	04/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Elm Tree Lodge	6205 Viola Lane New Port Richey, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on .

The Elm Tree Lodge, assisted living facility, had deficiencies at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on interview and record reviews the facility failed to ensure that 3 of 5 staff who provide direct care to residents obtained required training. (Staff A, B and C).

A review of the personnel files revealed that staff had not received in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. Included in the personnel files for Staff A, B and C was a copy of the facilities' written policy related to elopement procedures but there was no evidence that they had received training in the policy or procedure.

Interviews with Staff A and Staff B were conducted on . between 2:00 P.M. and 3:30 P.M.. Neither staff could recall having received training related to elopement procedures.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on interview, observation and resident and facility record reviews, the facility failed to maintain a copy of the resident's contract with the facility, including any addendums to the contract.

A review of 2 resident records was completed on . There was not a copy of the resident contract in either record.

Interview with Staff E at approximately 2:00 P.M. on revealed that the resident contracts are maintained "at the facility". When asked what she meant by that, she stated that they are maintained in their sister facility.

2 of 7 resident interviews revealed that they remember signing a contract with the facility and that they are aware of the cost of care and some of the items that are within the contract. (Resident #1 and Resident #5).

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Staff E was given the opportunity to produce the contracts to the surveyor. As of 2014, the facility has not provided copies of the resident contracts to the surveyor.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Elm Tree Lodge
6205 Viola Lane
New Port Richey, FL 34653

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,

Patricia Reid Caufman
FOV Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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