STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967240	05/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Toria's Assisted Living Facility Ii	613 Forest Hills Brandon, FL 33510	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey with extended congregate care (ECC) was conducted on .

The Toria's Assisted Living Facility II had deficiencies at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based upon record review and staff interview the facility did not ensure 1 (#1) of 2 residents health assessment (1823) was updated after a significant change in health status.

Findings include:

During the survey of and observation of resident #1 revealed her to be sitting in a wheel chair, a on her left leg due to a below the knee amputation.

A review of the health assessment for resident #1 on , revealed it to indicate the resident was independent in bathing, dressing, & toileting and required only supervision with transfer. The resident's most recent health assessment was dated .

During interview with the staff at 11:50 a.m. it was stated the resident requires a lot of assistance and also had acquired a pressure in the past month. Staff stated the resident was no longer independent in the activities of daily living as noted on the health assessment but they have to help the resident due to decline in functional & levels in the past year.

Additional documentation in the residents record revealed that the resident had developed a pressure on her hip within the past month. The health assessment on file no longer matched the residents actual level of functioning with respect to activities of daily living.

Class III

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

Based upon interview & record review the facility failed to ensure that a written record, updated as needed of any significant changes was maintained for 1 (#1) of 2 residents when a significant change in condition occurred.

Findings include:

A review on of Home Health care progress notes on file for resident #1 revealed that the resident was being treated for a pressure on her left hip. The facility progress notes did not reflect the resident was receiving care for a pressure which developed about according to a telephone interview with the facility nurse consultant (12:50 p.m.).

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based upon observation & interview, the facility did not ensure that 5 (#1, 2, 3 , 4 & 5) of 7 residents received on-going leisure activites although the facility did maintain an activity calendar.

Findings include:

During the survey of , from 9:15 a.m. through 4:30 p.m. at no time during the day were residents encouraged to participant in activities. The one direct care staff on duty was busy through-out the day providing assistance to the residents, while also engaged in various household responsibilities such as cooking, cleaning & doing laundry.

The activity calendar posted indicated that Bingo was to be held from 10 a.m.-11:30 a.m.

During interviews with 2 residents, they stated that they did not have any activities in the home, that they watch TV.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based upon record review & staff interview the facility failed to ensure that the minimum staffing requirements were maintained for a census of 7 residents.

Findings include:

A review of the facility staff schedule revealed for the week of this visit the total staffing hours were 168 for the week. For a census of 7 the facility should meet the minimum of 212 staff hours.

During interview with the facility manager (12:00 p.m.) it was stated that she also comes in as needed but floats around 3 other homes and takes residents to appointments & meetings. Her hours on the schedule were noted as Tues & Thurs from 8:30 a.m. to 5 p.m. although she verified she is not involved in direct resident care during

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these hours because of other responsibilities concerning the other homes and appointments. The administrator was also noted on the schedule as being "on-call" without any specific hours designated only to this facility and therefore could not be counted as part of the staffing hours for the week.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based upon record review, 1 (C) of 4 staff responsible for assisting residents with medication did not have documented evidence of completing a training related to assisting residents with self administered mediations.

Findings include:

A review of the personnel record for staff C who is responsible for assisting residents with self-administered medications revealed there was not any documentation on file of this staff attending a training course related to supervision of self administered medications.

According to management, this staff person's training certificate was located at another home managed by the owner.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

A. Based upon record review and interview the facility did not ensure that menus were reviewed annually by the registered dietitian.

Findings include:

A review of the facility menus revealed although they had been signed by a registered dietitian, the dietitian did not date the menus at the time of the review therefore it could not be assured that they were reviewed within the past year.

B. A review of the facility menus and food supply revealed the facility did not have food on hand to prepare items noted on the menus for the day of this visit of 5.8.14.

Findings include:

A review of the posted menu for the day of this visit revealed that for lunch residents were to be served beef barley soup, wheat roll, apple, tossed salad, 1 cup of berries & beverage.

The noon meal served consisted of spaghetti noodles in a tomatoes base soup with slices of sausage, saltine crackers & beverage. When interviewed staff stated she made substitutions because she did not have the items noted on the menus, A review of the perishable food supple revealed no fresh vegetables for a salad, no fresh berries or any other fruit on hand.
Therefore the residents were not served a balanced nutritionally adequate meal.

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C. A review of the facility menus and observation of the noon meal revealed that substitutions were not documented prior to the time the meal was served and kept on file for 6 months.

Findings include:

A review of the facility menu and review of the noon meal revealed the facility did not document substitutions prior to the time the meal was served. The menu as noted above indicated certain menu items were to be served but since those food items were not on hand the staff made substitutions.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Toria's Assisted Living Facility II
613 Forest Hills
Brandon, FL 33510

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care (ECC) 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
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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