STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965967	05/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Patrick Manor	896 73rd Ave North Saint Petersburg, FL 33702	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Three complaint surveys, CCR# 2014003128, CCR# 2014001077, and CCR# 2014001380 were conducted on [redacted].

The Patrick Manor, assisted living facility, had a deficiency at the time of the visit.

The following deficiency was cited relative to CCR# 2014003128: A 165.

No deficiencies were cited relative to CCR# 2014001077 or CCR# 2014001380.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to file a one day adverse incident report with the State regarding an incident with law enforcement involvement for 2 (#1 & #2) of 3 residents sampled for adverse incident reports.

Findings include:

Record review on [redacted] of Resident #1's medical record revealed the resident was [redacted] with law enforcement involvement on [redacted]. The resident was fighting with another resident. The facility did not send in a one day adverse incident report for Resident #1.

Record review on [redacted] of Resident #2's medical record revealed the resident was transported to the hospital due to an injury from a [redacted]. The police were called in to investigate the incident because the [redacted] could have been caused by another resident. The facility did not send in a one day adverse incident report for Resident #2.

When interviewed on [redacted] at 10:30 a.m., the administrator stated she did not realize she had to send in a one day adverse incident report for Resident #1 and Resident #2 because their incidents required police involvement.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Patrick Manor
896 73rd Ave North
Saint Petersburg, FL 33702

Dear Administrator:

Re: **CCR# 2014003128, CCR# 2014001077,** and **CCR# 2014001380**

This letter reports the findings of three complaint surveys that were 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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161