| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966226 | 05/13/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Springs Water Alf | 1411 East Waters Avenue Tampa, FL 33604 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**

St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

**Specific Tag Findings:**

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey with limited mental health (LMH) services was conducted on .

The Sweet Water ALF had deficiencies at the time of the visit.

**0160-Records - Facility 58A-5.024(1) FAC**

Based upon interview, the facility did not ensure that facility records were accessible & readily available to the agency.

Findings include:

On upon entry to the facility for a survey, staff on site stated (9:30am) the administrator was out of town at a seminar. In a telephone conversation with the administrator it was stated that while all resident records were available, staff personnel records were secured none of the staff at the facility would be able to access them.

During the return visit of the administrator stated (4pm) he has made changes to his previous operating procedures and now 1 staff will be able to obtain the documents for survey staff in his absence.

Class III

**0167-Resident Contracts 58A-5.025 FAC**

Based upon record review and staff interview, the facility did not ensure that 1 (#5) of 2 resident contracts reviewed contained a monthly rate.

Findings include:

A review of the contract for resident #5 on revealed that the monthly rate was not noted on the contract. When admitted to the facility it was assumed this resident would be receiving the rate per interview with the administrator (about 3pm) only to find out later he was not eligible and would be private pay by the family. The current rate of pay was not included on the contract.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Springs Water ALF
1411 East Waters Avenue
Tampa, FL 33604

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited mental health (LMH) 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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