

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/03/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966240	(X3) DATE SURVEY COMPLETED 05/22/2014
NAME OF PROVIDER OR SUPPLIER Abigail (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 320 South Delaware Tampa, FL 33606	
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

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on

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

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based upon record review and staff interview 1 (C) of 3 personnel records reviewed did not contain documentation of having evidence of negative on an annual basis.

Findings include:

1. A review of the personnel record for staff C hired on revealed the last test was dated Per staff interview at about 3:30pm, she thought it was only required to be done every 5 years since the staff tested positive. The previous tests on file noted all negative for tests.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Abigail (The)
320 South Delaware
Tampa, FL 33606

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 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,

Patricia Reid Cauffman
Field Office Manager

for

PRC/kpr

Enclosure: State (5000-3547) Form

