STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968284	06/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Daniella's Life Alf	1910 W Fern St Tampa, FL 33604	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on

The Daniella's Life ALF had deficiencies at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC

Based upon observation, interview & record review 1 (#2) of 2 residents reviewed was not appropriate for admission to an assisted living facility.

Findings include:

Resident #2 did not meet admission criteria upon admission to the facility.

During observation on resident #2 was observed in her up in a recliner, she was not ambulatory and was not responsive to the surveyor.

A review of this residents record revealed that she was admitted on The updated 1823 (resident health assessment) dated noted a diagnosis of advanced), , bed bound, gait - precautions. precautions.

The initial admission 1823 dated included same diagnosis and also indicated the resident was total care, unable to ambulate, chair bound.

Per interviews with staff (12:15pm) this resident was not on Hospice care and confirmed she was not ambulatory and required total care.

Class III

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

Based upon record review, 2 of 3 (A & C) personnel records did not contain documentation verifying freedom from signs or symptoms of communicable including

Findings include:

A review of the personnel record for staff A, revealed an updated test had not been performed annually. The last test on file was dated

The personnel record for staff C hired on did not contain any documentation from a health care provider of freedom from communicable including

Class III

0082-Training - 58A-5.0191(3) FAC

Based upon record review, 1 (C) of 3 personnel records did not contain documentation of training in within 30 days of employment.

Findings include:

A review of the personnel record for staff C hired on revealed no documentation on file of training in and

Staff verified he had not attended the class (1:30PM).

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based upon record review 1 (C) of 3 staff on duty alone with residents did not have certification in & 1st Aid.

Findings include:

Upon arrival on , staff C was on premises alone with the 4 residents in the facility.

Upon review of the personnel record there was no documentation of certification in & 1st Aid. During interview, staff C verified he did not have & 1st aid (1:30pm).

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968284	06/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Daniella's Life Alf	1910 W Fern St Tampa, FL 33604	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based upon record review, 1 (A) of 3 staff responsible for the supervision of residents medications did not have documented evidence of having completed a minimum of 2 hour continuing education.

Findings include:

A review of the personnel record for the administrator (A) revealed only documentation of a 4 hour medication in service training dated , over 1 year ago. There was not any documentation of having completed a 2-hour annual continuing education training since that time.

Class III

0090-Training - 58A-5.0191(11) FAC

Based upon record review, 1 (B) of 3 personnel records did not contain evidence of training in RO's within 30 days of employment.

Findings include:

A review on of the personnel record for staff B hired on revealed no documented evidence of training in the facility policy & procedures regarding RO's.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based upon record review, 1 (C) of 3 personnel records did not contain evidence of having completed Level II background screening.

Findings include:

A review of the personnel record for staff C hired on revealed no documentation of Level II background screening. Only an affidavit of compliance signed was on file.
Staff verified during interview at about 1:30pm that it had not been done.

A check of the background screening unit verified no background screening results was on record.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Daniella's Life ALF
1910 W Fern St
Tampa, FL 33604

Dear Administor:

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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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