STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965107	**06/24/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brighton Gardens	**16702 North Dale Mabry Tampa, FL 33618**	
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
St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An extended congregate care (ECC) monitoring visit was conducted on .

The Brighton Gardens, assisted living facility, had deficiencies at the time of the visit.

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

Based on interview and record review, the assisted living facility failed to ensure that 1 of 3 sampled employees (Employee A) submitted an initial statement from a health care provider that the employee is free from communicable within 30 days of employment.

Findings include:

On , 2014 a record review of employee A's personnel file was conducted. Employee A date of hire was . No evidence of a communicable statement including freedom from was observed in employee A's file.

On , 2013 at 3:45p.m. an interview was conducted with the administrator. The administrator stated that she could not find a signed health care provider statement in Employee A's file.

Class III

E210-ECC - Training 58A-5.0191(7) FAC

Based on interview and record review the assisted living facility failed to ensure 1 of 3 (Employee A) sampled employees obtained in-service training related to Extended Congregate Care (ECC) within 6 months of beginning employment.

Findings include:

A record review of Employee A's personnel file revealed no documentation that Employee completed the required 2 hours ECC training.

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On . 2014 at 3:45 PM an interview was conducted with the administrator who stated she was unable to locate a training certificate for Employee A to verify that Employee A had the required ECC training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Brighton Gardens
16702 North Dale Mabry
Tampa, FL 33618

Dear Administrator:

This letter reports the findings of a an extended congregate care (ECC) monitoring visit 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,

Paula Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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