STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910074	07/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ruby's Residential Care, Inc.	5906 North 32nd Street Tampa, FL 33610	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014004748, was conducted on .

The Ruby's Residential Care, assisted living facility, had a deficiency at the time of the visit.

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based upon interview, the facility failed to ensure that there was a staff person in the facility at all times when residents are present.

Findings include:

During a telephone interview with another state agency on at 8:30am it was reported that on when they arrived to the facility a resident had to let them in since no staff were on premises.

During a visit to the facility on and interview a direct care staff at 10:30am she confirmed that on the day in question ( ) she was not on duty but had heard from the administrator that she did leave residents unattended to look for resident #1 who she thought was missing.

During interview with the administrator (11:30am) she confirmed she left the premises shortly after coming to relieve the staff person previously on duty. After the staff person left the administrator claims she realized she didn't see resident #1. She searched the home and called out for resident #1but could not find him. The administrator claimed to be in a panic to find the resident and jumped in her car to drive around the neighborhood looking. When she returned to the facility another state representative was there as was resident #1 who claimed he had stepped behind the back yard shed to relieve himself. She stated that resident #1 never left the premises.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Ruby's Residential Care, Inc.
5906 North 32nd Street
Tampa, FL 33610

RE: CCR# 2014004748

Dear Administrator:

This letter reports the findings of a complaint 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 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 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

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