STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967339	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Woods	1889 Curlew Road Palm Harbor, FL 34683	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on .

Woods, assisted living facility, had deficiencies at the time of the visit.

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on record review and interview, the facility did not have written policies and procedures for responding to a resident elopement, nor had it completed the minimum number of required resident elopement drills over the last 2 years.

Findings include:

Upon request during the survey, the maintenance director/designee furnished the surveyor with a corporate training manual written by a third party with respect to "the elopement policy/procedure it apparently followed." After pointing this out to the administrative designee at approximately 11am on , he spoke to the facility administrator by telephone and was informed that "the official elopement policy and procedure was on the administrator's computer and was unavailable." In addition, the director of health services/co-designee brought only one document regarding an elopement drill--a incident report pertaining to an actual elopement event. No other elopement drill documents were ever furnished during the remainder of the survey.

Class III

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

Based on record review and interview, two of three direct care staff sampled (B; C) had no documented evidence that they had received any training in First Aid.

Findings include:

A review of the personnel files for Staff B (hired and Staff C (hired found no documentation verifying that they had both received certification in First Aid. In an interview with the administrative designee at approximately 1pm on , no clarification was provided.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967339	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview, one of three staff sampled (C) did not have documented verification of freedom from communicable other than

Findings include:

Although a review of personnel records found a evaluation for Staff C from further review of this individual's file found no general examination from a health care provider (physician; physician's assistant; ARNP) attesting to Staff C's freedom from other communicable Interview with the co-designees at approximately 1:35pm on verified that no assessment had been obtained.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Woods
1889 Curlew Road
Palm Harbor, FL 34683

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 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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