STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968554	**07/28/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Christopher's Place	**3586 53rd Ave North Saint Petersburg, FL 33714**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0076 - 58a-5.0186 Fac - S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014004848, was conducted on

The Christopher's Place, assisted living facility, had deficiencies at the time of the visit.

0076 58A-5.0186 FAC

Based on interview and resident record review, the facility failed to ensure that residents and/or residents' legal representatives receive information regarding advance directives at the time of admission. In addition, there is no documentation in the resident's record as to whether or not a resident has executed a therefore it is not available to medical staff in an emergency.

Findings include:

A review of 2 of 3 resident records revealed either no information or incomplete information related to advance directives or

Interviews with Staff A and Staff B revealed that they do not know which residents have advance directives or

Interview with the Administrator revealed that their policy is to call 911 in an emergency. She believes that most residents do not have either document, and that she does not provide the information to them at admission.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on resident record reviews and interview, the facility failed to execute a legal contract with 1 of 3 residents reviewed.

Findings include:

Although Resident #5's record contained a signed contract in it, there was no documented daily, weekly, or monthly rate. This resident is identified as receiving Limited Mental Health services and has an assigned case manager.

Interview with the Administrator on at approximately 1:30 p.m. revealed that she does not know why the amount is not written in the contract.

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Interview with the case manager on at 10:00 a.m. revealed that she is not aware of the amount.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Christopher's Place
3586 53rd Ave North
Saint Petersburg, FL 33714

RE: CCR# 2014004848

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 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,

Patricia Reid Caufman
Field Office Manager

FW

PRC/kpr

Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida