STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967240	09/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Toria's Assisted Living Facility Ii	613 Forest Hills Brandon, FL 33510	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

0030-Resident Care - Rights & Facility Procedures
0083-Training - First Aid and

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

The Torias Assisted Living Facility II had a deficiency at the time of the visit.

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

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based upon record review observation & interview, the facility did not ensure that the bed rails for 1 resident observed (#1) were authorized by the health care provider & were limited to 1/2 rails.

Findings include:

During facility tour on the bed belonging to resident #1 was observed to have a 3/4 bed rail (rather then 1/2 bed rails) installed in the center of the bed. The resident was observed in the bed with rails up. During interview with the home manager at 10:45 am she stated the bed rails were put on by the company who brought the bed, and they've been that way for about 2 months.

The placement of the bed rails is a potential hazard due to improper placement of the rails in the center of the bed rather then at the head of the bed extending 1/2 way.

A review of the record for resident #1 revealed no physician's orders on file authorizing the use of bed rails. During interview with the house manager at 11:30am she pointed out an electronic order (dated) by the health care professional noting the resident was to have a hospital bed. There was no mention of bed rails or the reason they would be needed.

A faxed order was submitted to the agency on at 12:22pm subsequent to this visit signed by the ARNP on authorizing the use of 1/2 bed rails.

Class III

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

Based upon record review & interview, one (A) of 2 staff files reviewed did not have proof of 1st Aid certification.

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Findings include:

During this ECC review of , direct care staff (A) was on duty alone. A review of the personnel record for staff A revealed no documented evidence of 1st aid certification. Only a certification card was on file.

According to interview with the facility manager (11:30am) she stated that the staff's 1st Aid card was at at the main office and they would fax it to the agency later.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Toria's Assisted Living Facility II
613 Forest Hills
Brandon, FL 33510

Dear Administrator:

This letter reports the findings of 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,

Patricia Reid Caufman
FOV Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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