STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967603	10/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Amazing Grace Alf	1106 E Richmere Street Tampa, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - [redacted] S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D

Specific Tag Findings:

Assisted Living Facility

A complaint investigation CCR 2014009480, was conducted at Amazing Grace Assisted Living Facility from [redacted]

Amazing Grace Assisted Living Facility had deficiencies at the time of the investigation.

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on observation, interview and record review, the facility failed to insure that one of three sampled staff providing direct care to residents (Employee A) completed required in-service trainings within 30 days of beginning employment at the facility.

Findings Include:

During a record review conducted at the facility on [redacted], it was noted that the record for Employee A was missing documentation of the following required trainings: reporting major incidents and adverse incidents, resident rights, recognizing and reporting [redacted], neglect and [redacted] nutrition and safe food handling and the facility's elopement response policies.

On [redacted] at 12:05 PM, Employee A was observed preparing and serving lunch to the residents of the facility.

When interviewed on [redacted] at 11:45 AM, Employee A stated that he'd been employed at the facility since early [redacted] (approximately 3 months prior to the date of the survey).

In an interview conducted on [redacted] at 12:40 PM, the administrator said she could not recall if Employee A had taken the required trainings and had no additional training documentation.

Class III

0082-Training - [redacted] 58A-5.0191(3) FAC

Based on interview and record review, the facility failed to insure that one of three sampled staff (Employee A) had the required training on [redacted] completed within the first 30 days of employment.

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Findings Include:

During a visit to the facility on , a record review of the employee file for Employee A revealed that there was no documentation or certificate indicating that Employee A had completed an education course on .

During an interview with Employee A conducted on at approximately 11:45 AM, Employee A stated that he started working at the facility around the beginning of 2014 (approximately 3 months prior to the date of the survey) and could not recall if he had training on .

On that same date when interviewed at approximately 12:30 PM, the administrator said that she had no other training documents for Employee A and did not know why he did not have the required training.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on interview and record review, the facility failed to insure that 2 of 3 sampled unlicensed staff (Employee A and Employee B) received required training from a registered nurse or licensed pharmacist prior to providing residents assistance with self-administration of medications.

Findings Include:

During a review of the employee file for Employee A conducted on it was noted that the file contained a certificate with no date for the training. The certificate stated the training had been completed and was signed by the facility administrator.

On that same date, a review of the employee file for Employee B revealed that the file contained an identical certificate, with no training date or time and was signed by the facility administrator.

On at 11:25 AM, Resident #1 was interviewed and stated Employee B gave him his medication earlier that morning.

On at 11:45 AM, the administrator was interviewed and stated she was not a registered nurse or licensed pharmacist and stated Employee A and Employee B had not received training from a pharmacist or nurse as of the date of the survey.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on interview and record review, the facility failed to provide complete documentation of staff training, containing the date, time and number of hours for one of three sampled staff (Employee A).

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Findings Include:

A review of the employee record for Employee A conducted on revealed that the file contained one certificate for Employee A indicating that Employee A had completed the following trainings: control, activities of daily living (ADL) and behavioral needs, emergency preparedness and resident rights. The certificate did not contain the date, location and number of hours of the trainings.

During an interview with the administrator conducted on at 11:45 AM, the administrator stated "I'm sure I spent at least an hour on each topic." The administrator stated she did not recall what date the training was completed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Amazing Grace Alf
1106 E Richmere Street
Tampa, FL 33612

RE: CCR #2014009480

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2014-Nc , 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 after 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

PRC/clt
Enclosure: State (5000-3547) Form

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