| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967892 | 10/20/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Adkinson Retirement Home | 2050 58th St N Clearwater, FL 33760 | |
| 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

**Specific Tag Findings:**

Assisted Living Facility

A complaint survey CCR #20147338 was conducted on ..... in conjunction with the biennial state licensure survey.

The Adkinson Retirement Home had deficiencies cited on the biennial survey at the time of the visit.

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

Based on interview, observation, and facility record review, the facility could not provide evidence of having provided Resident rights or training to 3 of 5 staff whose personnel files were reviewed.

Findings Include:

Staff A, B and C had received training in incident reporting , which included a section that addressed when to report an incident. , neglect and was one of the situations described as needing an incident reported. There was no additional training provided to the staff.

An interview was conducted with the Administrator and Assistant Administrator on at 3:10 P.M. They stated that they did not realize that this would not satisfy the training requirement. When asked if the signs and symptoms of possible and how to report was part of the training the assistant administrator stated no.

Interviews with Staff A and C revealed that they thought that they had received training and knew how to report neglect, or by calling the hot line. They did not recall having received any training related to recognizing signs and symptoms.

In addition, Staff A, B and C had not received training in Resident Rights.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Adkinson Retirement Home
2050 58th St N
Clearwater, FL 33760

**RE: CCR #2014007338** & a Biennial State Licensure Survey

Dear Administrator:

This letter reports the findings of a complaint and a state licensure survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copies of the State (5000-3547) Forms, 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/clt
Enclosure: State (5000-3547) Form

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