STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910160	11/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Azalea Manor Of St. Petersburg	112 12th Avenue North Saint Petersburg, FL 33701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff
St - A - 0082 - 58a-5.0191(3) Fac - Training -

Specific Tag Findings:

Assisted Living Facility

A biennial survey was conducted on

The Azalea Manor assisted living facility had deficiencies at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on interviews and review of facility personnel files, the facility failed to ensure that based on a written statement from a health care provider, 4 of 4 staff reviewed do not have any signs or symptoms of communicable

Findings Include:

A review of four personnel files that were maintained in the facility was conducted on at 10:11 A.M. It was revealed that the files did not contain a statement from a health care provider that the employee does not have any signs or symptoms of communicable

Staff A was hired on
Staff B was hired on
Staff C was hired on
Staff D is the Administrator and states he has been at this facility for 13 years.

Interview with the Administrator at the time of the review, revealed that he knows these statements have been there in the past and for previous surveys, but that he confirmed that they could not be located during this visit. He stated that the physician will be visiting the facility soon and he will ensure that all staff is examined and receive signed statements to place in the file.

In addition to the lack of a signed statement for communicable , Staff D's file did not contain evidence of an annual examination.

CLASS III

0082-Training - 58A-5.0191(3) FAC

Based on interview and review of facility personnel files, 2 of 4 staff whose files were reviewed did not contain evidence of a one time education course on and (Staff B and Staff C).

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Findings Include:

Staff B was hired on [redacted] and there was no evidence of [redacted] training in her file at the time of the visit to the facility.

Staff C was hired on [redacted] and there was no evidence of [redacted] training in her file at the time of the visit to the facility.

Interview with the Administrator on [redacted] at 10:30 A.M. revealed that he was quite certain they had received this training, but confirmed that the evidence could not be located in the file.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Azalea Manor Of St. Petersburg
112 12th Avenue North
Saint Petersburg, FL 33701

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/clt
Enclosure: State (5000-3547) Form

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