STATEMENT OF DEFICIENC ES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968387	11/25/2014
NAME OF PROVIDER OR S JPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A Place To Grow Llc	109 Valley Dr Brandon, FL 33510	
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

Specific Tag Findings:

Assisted Living Facility

A biennial survey was conducted on .

A Place To Grow had a deficiency at the time of the visit.

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

Based on interview and a review of personnel files and health records, the facility failed to ensure that all employees obtained documentation that they are free from on an annual basis for 2 of 4 employees reviewed.

Findings Include:

The last documented evidence of freedom from test results for Staff A, who was hired on was .

There was no evidence of a negative examination for the Administrator.

Interview with the Administrator on revealed that she was not aware that there was an annual requirement for testing.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
A Place To Grow Llc
109 Valley Dr
Brandon, FL 33510

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,

Paul Brown

for Patricia Reid Caufman
Field Office Manager

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

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