STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964826	**11/20/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Flo-Ronke, Inc.	**1513 East Ellicott Street Tampa, FL 33610**	
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 S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

Assisted Living Facility

A biennial state licensure survey with limited mental health (LMH) was conducted on , in conjunction with a complaint survey, CCR #2014010917.

The Flo-Ronke, Inc., Assisted Living Facility, had deficiencies at the time of the visit.

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

Based on interviews, observations and a review of facility records, the facility failed to ensure that 4 of 4 staff who have been employed for more than 30 days were free from communicable and (Staff A, B, C and the administrator).

Findings Include:

Staff A whose date of hire was listed as , had not submitted a statement from a health care provider that he was free from signs and symptoms of communicable , including

Staff C whose date of hire was listed as , had not submitted a statement from a health care provider that he was free from signs and symptoms of communicable , including

Evidence of a negative examination could not be located for Staff B and Staff D (the Administrator).

During a interview with the Administrator on at approximately 11:00 A.M. The administrator revealed that she could not find this information.

In an interview with Staff A on at 11:45 A.M. revealed that he could not recall having had an examination by a health care provider for the purpose of determining freedom from communicable and

Class III

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

Based on interviews, observations and facility records, including personnel files, it was revealed that the following in-service training had not been provided to 2 of 4 staff employed for more than 30 days.

Findings Include:

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Staff A was hired on and provides direct care to residents. There was no evidence that he had received the following training:

1. Reporting major incidents.
2. Reporting adverse incidents
3. Recognizing and reporting resident , neglect, and
4. Providing assistance with the activities of daily living.
5. Safe food handling practices.
6. Elopement response policies and procedures

Staff C was hired on and provides direct care to residents. There was no evidence that he had received the following training:

1. Reporting major incidents.
2. Reporting adverse incidents
3. Recognizing and reporting resident , neglect, and
4. Providing assistance with the activities of daily living.
5. Safe food handling practices.
6. Elopement response policies and procedures
7. control, including universal precautions, and facility sanitation procedures
8. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
9. Resident behavior and needs
10. Resident rights in an assisted living facility

Interview with Staff A on at 11;45 A.M. revealed that he had only had training in medications, and mental health. He stated he has no previous experience working in a facility with mental health residents.

Interview with Staff C on at 10:15 A.M. revealed that he received training in medications and Mental Health. He stated he has no previous experience working in a facility or with mental health residents.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on interviews and a review of facility records and personnel files, the facility failed to ensure that 2 of 4 staff employed for more than 30 days had received training.

Findings Include:

Staff A, whose date of hire was listed as and Staff C whose date of hire was listed as had not received one hour of training in the facility's policies and procedures regarding Both staff provide direct care to residents.

Interviews with both Staff A and Staff C revealed that they were not aware of what a was and could not recall having received training related to it.

Class III

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0160-Records - Facility 58A-5.024(1) FAC

Based on interview and a review of facility records, the facility failed to maintain an up-to-date admission and discharge log with all of the required information.

Findings Include:

The admission discharge log maintained in the facility contained the names of residents.
7 of 8 resident's discharged did not contain the place to which the resident was discharged.
1 of 8 residents listed did not indicate the place from which the resident was admitted.
2 of 8 residents discharged did not contain the reason for discharge.

During an interview with the Administrator on at 11:00 A.M. she stated that sometimes she doesn't have the information required, therefore cannot list it, so she leaves it blank. She also stated that all residents are Limited Mental Health residents but this is not indicated anywhere in the admission discharge log or in any other log maintained by the facility.

Class

L241-LMH - Records 58A-5.029(2) FAC

Based on interview and facility record reviews, the facility failed to maintain an up-to-date admission and discharge log for all mental health residents.

Findings Include:

An interview was conducted with the Administrator on at 11:30 A.M. She stated that all of her residents are mental health residents. A review of the admission discharge log did not identify the residents as mental health.

A review of the resident record for Resident #2 revealed that he was admitted to the facility on . There was no approval form, Mental Health Assessment, Agreement or Community Living Support Plan in his record. The Administrator stated that his case manager has not given the paperwork to her yet.

A review of the resident record for Resident #3 revealed that he does not receive funds, therefore he does not qualify as a mental health resident. The resident record contained a Agreement dated and Community Living Support Plan dated . The administrator stated that the resident does not have a case manager.

A review of the resident record for Resident #4 revealed that he does not receive

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funds, therefore he does not qualify as a mental health resident. The resident record contained a Agreement dated and Community Living Support Plan dated The administrator stated that the resident does not have a case manager.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Flo-Ronke, Inc.
1513 East Ellicott Street
Tampa, FL 33610

RE: CCR #2014010917 & a Biennial survey

Dear Administrator:

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

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

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

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