STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968118	12/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Abuelos Alf 2	3406 West Caracas Street Tampa, FL 33614	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D

Specific Tag Findings:

Assisted Living Survey

A Complaint Survey (CCR#2014010001) was conducted on .

Abuelos ALF 2 had deficiencies identified during the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure the health assessment that was completed by the physician contained the required information for one (#3) of 3 sampled residents.

Findings Include:

During the initial tour on at approximately 8:30 a.m., staff #A reported resident #3 went to every Monday, Wednesday and Friday.

Review of the resident initial health assessment dated revealed her medical history included and (difficulty swallowing). The assessment documented the diet as , mechanical soft with nectar thick liquids.

The administrator reported during an interview on at approximately 2:10 p.m., the resident was admitted to the facility on and back in 2014, she was sent to the emergency the center and a new health assessment was completed, he then provided an updated health assessment.

Review of the most recent health assessment dated revealed the form was missing the resident's diagnosis on page 1, and the diet was listed as and .

The administrator reviewed the assessment for resident #3 on at 3:30 p.m., he stated he was working together with the center staff, and they were providing guidance about the diet. He further stated he will contact the primary physician and get the required information as soon as possible.

CLASS III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968118	12/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Abuelos Alf 2	3406 West Caracas Street Tampa, FL 33614	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0092-Food Service - General Responsibilities 58A-5.020(1) FAC

Based on record review and interview, the facility die not ensure resident #3 was provided the therapeutic diet as ordered by the physician for one (#3) of 3 sampled residents.

Findings Include:

On at approximately 8:30 a.m., staff #A reported resident #3 went to every Monday, Wednesday and Friday.

During a review the resident health assessment dated revealed her medical history included and . The assessment documented the diet as , mechanical soft with nectar liquids.

The administrator reported during an interview on at approximately 2:10 p.m., the resident was admitted to the facility on .

Review of the cycle 1 through 4 menus dated 2013 through 2014 revealed there was no documentation indicating what a diet consisted of.

The registered dietitian was interviewed via telephone on at 11:41 p.m.. During the interview she stated the menus were updated in 2014 after she received a call from the facility. She further stated the menus were updated to reflect what the diet consisted on.

The administrator reported at 3:25 p.m. on , he was working together with the center staff, and they were providing guidance about the diet.

Copies of documentation from provided dated (2 months after the resident was admitted to the assisted living facility).

Further review of the resident health assessment dated revealed missing diagnosis on page 1, and the diet was listed as and .

The administrator reviewed the assessment for resident #3 on at 3:30 p.m., he stated he will contact the primary physician and get the required information as soon as possible.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Abuelos Alf 2
3406 West Caracas Street
Tampa, FL 33614

RE: CCR #2014010001

Dear Administrator:

This letter reports the findings of a complaint 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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