STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967603	01/14/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Amazing Grace Alf	1106 E Richmere Street Tampa, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0084-Training - Assis Self-Admin Meds & Med Mgmt-01

Revisit Repeat Tags:

0081-Training - Staff In-Service-58a-5.0191(2) Fac
0082-Training - Fac
0091-Training - Documentation & Monitoring-58a-5.0191(12) Fac

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A revisit to CCR# 2014009489 of was conducted on in conjunction with a monitoring visit for a capacity increase from 8 to 10 beds.

The Amazing Grace Assisted Living Facility had uncorrected deficiencies at the time of the visit.

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

Based on record review and interview, the facility failed to ensure one of two sampled staff providing direct care to residents (Staff #A) completed required in-service training within 30 days of beginning employment at the facility.

Findings include:

Record review on of Staff #A's personnel file revealed Staff # A was still missing documentation of the following required training: reporting major incidents and adverse incidents, resident rights, recognizing and reporting , neglect and , nutrition and safe food handling and the facility's elopement response policies at the time of the revisit survey on .

When interviewed on at 10:30 a.m. the administrator stated she didn't know she had to correct anything because she didn't received anything in the mail telling her what needed to be corrected.

Uncorrected from .

Class III

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

Based on record review and interview, the facility failed to ensure one of two sampled staff (Staff #A) had the required training on completed within the first 30 days of employment.

Findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967603	**01/14/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Amazing Grace Alf	**1106 E Richmere Street Tampa, FL 33612**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Record review on . . . . . of Staff# A's personnel file revealed the file stilll did not have any documentation stating he had completed an education course regarding . . . . . at the time of the revisit survey on . . . . . .

When interviewed on . . . . . at 10:30 a.m. the administrator stated she didn't know she had to correct anything because she didn't received anything in the mail telling her what needed to be corrected

Uncorrected from . . . . . .

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to provide complete documentation of staff training, containing the date, location, times and number of hours for the training for one of two sampled staff (Staff #A).

Findings include:

Record review on . . . . . of Staff #A's personnel file revealed the file contained one certificate for Staff #A indicating Staff #A had completed the following training: . . . . . control, activities of daily living (ADL) and behavioral needs, emergency preparedness and resident rights. The certificate still did not contain the date, location, times and number of hours for the training at the time of the revisit survey on . . . . . .

When interviewed on . . . . . at 10:30 a.m. the administrator stated she didn't know she had to correct anything because she didn't received anything in the mail telling her what needed to be corrected

Uncorrected from 11/4/14

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Amazing Grace ALF
1106 E Richmere Street
Tampa, FL 33612

Dear Administrator:

This letter reports the findings of a capacity increase and a state licensure survey revisit that were conducted on , 2015, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the uncorrected deficiencies that were identified relative to the revisit. 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 after 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/kpr

Enclosure: State (5000-3547) Forms

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