STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966361	01/22/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Caregivers Touch, A.L.F.	4536 W Idlewild Ave 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 - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

Assisted Living Facility

A biennial state licensure survey with limited mental health services (LMH) was conducted on .

Caregivers Touch A.L.F., Assisted Living Facility, had deficiencies identified at the time of the visit.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview, the facility did not ensure that all appurtenances had been maintained in good working order with respect to at least one of approximately five resident inspected.

Findings Include:

During the initial facility tour conducted between approximately 9:40 a.m. and 10:20 a.m. on , as well as throughout the remainder of the survey, the door leading to the Resident #6 was noted to be continuously open. Upon attempting to close it, it was observed that the door could not interlock properly when pulling it shut; it seemed as if something was keeping it ajar or jamming it open. In an interview with the administrator at approximately 11:45a.m. on , she indicated that she was unaware that there had been any problem.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on interview and record review, the record for one of one Hospice client sampled (#1) was incomplete.

Findings include:

In an interview with the administrator at approximately 9:30a.m. on , she stated that Resident #1 (admitted to the facility was a Hospice resident. A review of this individual's file revealed that although there was an physician's order for a Hospice consult and some signed papers by the resident's daughter in , 2014 regarding Medicaid and other benefit/financial-related information, no initial plan of care could be found, nor formal admitting paperwork where the resident/their responsible party had officially signed on to for Hospice care/services. Further interview with the administrator at approximately 1:30 p.m. on verified that she had not obtained this documentation.

Class III

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	AL11966361	**01/22/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Caregivers Touch, A.L.F.	**4536 W Idlewild Ave Tampa, FL 33614**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Caregivers Touch, A.L.F.
4536 W Idlewild Ave
Tampa, FL 33614

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with a limited mental health (LMH) monitoring visit that was conducted on 2015 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,

Teresa Ryan RN
for Patricia Reid Caufman
Field Office Manager

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

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