STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966973	01/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Amoedo's ALF, Inc	3415 W Ivy Street Tampa, FL 33607	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

Assisted Living Facility

A Complaint Survey CCR#2014011290 was conducted on .

Amoedo's ALF Inc. had deficiencies identified during the visit.

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on interview and record review the facility did not ensure annual training were completed as required. A review of 3 (A, B and C) out of 3 employees personnel files reveal that they did not have the required annual two hour training for medication administration.

Findings Include:

Interview with the Administrator confirmed on at 11:00 a.m. the annual up dates were not completed because she thought the training were to be done every two years.

Interview on at 4:00 p.m. with the facility owner confirmed the administrator did not have the annual training completed because she thought all of the training were every two years.

A review of staff A's personnel file revealed an in-service for medication management for 4 hours dated .

A review of staff B's personnel file revealed an in-service for medication management for 4 hours dated .

A review of staff's C personnel file reveals an in-service for medication management for 4 hours dated .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966973	01/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Amoedo's ALF, Inc	**3415 W Ivy Street Tampa, FL 33607**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on interview and record review the facility did not ensure annual training were completed as required. A review of 2 (B and C) out of 3 employees personnel files reveal that they did not have the required annual two hour training for nutrition and food service.

Findings Include:

Interview with the Administrator confirmed on [redacted] at 11:00 a.m. the annual up dates were not completed because she thought the training were to be done every two years.

Interview on [redacted] at 4:00 p.m. with the facility owner confirmed the administrator did not have the annual training completed because she thought all of the training were every two years.

A review of staff B's personnel file revealed an in-serve for nutrition and food service [redacted]

A review of staff C's personnel file revealed an in-service for nutrition and food service [redacted]

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on interview and record review the facility did not ensure back ground screening results were available and kept in the employee's personnel files for 3 staff (A, B and C) out of 3 personnel records reviewed.

Findings Include:

Interview with the Administrator confirmed on [redacted] at 11:00 a.m. the she was unable to locate the back ground screenings.

Interview on [redacted] at 4:00 p.m. with the facility owner confirmed that he and the Administrator were not able to locate the results of the back ground screening and they were not in the personnel files.

A review of staff A's personnel files failed to have the back ground screening results filed.

A review of staff B's personnel files failed to have the back ground screening results filed.

A review of staff C's personnel files failed to have the back ground screening results filed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Amoedo's ALF, Inc
3415 W Ivy Street
Tampa, FL 33607

RE: CCR #2014011290

Dear Administrator:

This letter reports the findings of a state licensure survey 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,

Patricia Reid Caufman
Field Office Manager

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

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