| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967351** | **02/23/2015** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Toria's Assisted Living Facility I** | **2073 Balfour Circle Tampa, FL 33619** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**

St - A - 0000 - - Initial Comments
St - A - 0008 - 429.26(4-6) Fs; 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

**Specific Tag Findings:**

Assisted Living Facility.

The Toria's Assisted Living Facility I had deficiencies found during this visit.

A Complaint Investigation (CCR#2014011829) was conducted on .

**0008-Admissions - Health Assessment 429.26(4-6) FS; 58A-5.0181(2) FAC**

Based upon record review & staff interview, the facility failed to ensure that one (#1) of three residents reviewed had a medical examination completed within 30 days after admission.

Findings Include:

A review of the record for Resident #1 revealed the resident was admitted on . There was no medical examination Resident Health Assessment (AHCA form 1823) on file completed within 30 days of admission.

During an interview with the Administrator at approximately 1:30 pm regarding the resident's health assessment (form 1823) she said that the MD was going to her office to send a copy.

The faxed copy of the resident's health assessment (form 1823) received by our office on was dated , 9 months after his admission.

Class III

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

A. Based upon record review & staff interview the facility failed to ensure that elopement drills were conducted at least twice yearly.

Findings Include:

1. A review of the facility elopement drills revealed only one drill on file for 2014 dated . The administrator acknowledged no other drill was available for review during interview at about 2:15 pm.

B. Based upon record review & staff interview the facility failed to ensure that the admission & discharge register is up to date.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967351** | **02/23/2015** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Toria's Assisted Living Facility I** | **2073 Balfour Circle Tampa, FL 33619** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

Findings Include:

A review of the facility admission & discharge register revealed that it was not maintained accurately and up to date. The name of one resident (#6) was on the admission & discharge register as being in the home when according to the Administrator (approximately 1pm) he actually went home with his mother on / and never came back.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Toria's Assisted Living Facility I
2073 Balfour Circle
Tampa, FL 33619

**RE: CCR #2014011829**

Dear Administrator:

This letter reports the findings of a complaint 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/src
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com