STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942969	03/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The House That Faith Built	1105 Melba Court Largo, FL 33770	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service
St - A - 0082 - 58a-5.0191(3) Fac - Training -

Specific Tag Findings:

Assisted Living Facility

Biennial Survey with Limited Mental Health.

House That Faith Built Assisted Living Facility conducted on , had deficiencies at the time of the visit.

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

Based on observation, interview and record review the facility failed to ensure that staff had all the required training for one (Staff C) of three sampled staff records. Review of staff employee records revealed that there was no documented training for Emergency Preparedness for Staff C; control for Staff C; Assistance with Daily Living and Behavioral needs for Staff C; and Elopement Response; Resident Rights; Recognizing and Reporting and Neglect; Nutritional and Food Safety Handling for Staff C.

Findings Include:

During an interview with the Administrator on at 2:05 p.m. The Administrator reviewed employee files for Staff C and confirmed the findings.

An observation was conducted for Staff C, Staff C was observed having direct care contact with multiple residents throughout the survey process.

A review of Staff C's files on revealed she was hired on . Staff C's file did not have documentation indicating she received training for Emergency Preparedness for Staff C; control for Staff C; Assistance with Daily Living and Behavioral needs for Staff C; Elopement Response; Resident Rights; Recognizing and Reporting and Neglect; Nutritional and Food Safety Handling for Staff C.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942969	**03/03/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The House That Faith Built	**1105 Melba Court Largo, FL 33770**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on interview and record review, the facility failed to ensure that one of three (Employee C) sampled employees, out of three employee files reviewed, had in-service training within 30 days of employment status.

Findings Include:

A review of the Employee C's personnel records conducted on , revealed Employee C had a hire date of / . Employee C's file revealed there was no documentation on in-service training in the personnel file. During an interview with the Housing Supervisor on at 2:15 p.m., the Administrator reviewed Employee C's file and confirmed findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
The House That Faith Built
1105 Melba Court
Largo, FL 33770

Dear Administrator:

This letter reports the findings of a Biennial state licensure survey with Limited Mental Health (LMH) 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,

Paul Brown

for 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

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