STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963791	04/07/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
WEINBERG VILLAGE	**13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A Biennial survey with Extended Congregate Care (ECC) was conducted on .

The Weinberg Village Assisted Living Facility had deficiencies at the time of the visit.

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

Based on interview and record reviews, the facility failed to ensure that two of three staff who have been employed longer than 30 days had obtained required training, including Incident Reporting and Resident Rights. (Staff A and Staff C).

Findings Include:

A review of the personnel files revealed that Staff A, hired on / , had not obtained in-service training in Reporting major incidents and adverse incidents or Resident Rights.

A review of the personnel files revealed that Staff C, hired on , had not obtained in-service training in Reporting major incidents and adverse incidents.

An interview was conducted with the Director of Human Relations at approximately 2:00 P.M. on . She confirmed that there was no evidence in the files to indicate that either Staff A or Staff C had obtained the required training.

CLASS III

E206 - ECC - Service Plans - 58A-5.030(7) FAC

Based on interview, record review and observation, the facility failed to provide evidence of coordination of care of services for one of one resident who receives Extended Congregate Care (ECC) services. (Resident #1).

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SUMMARY STATEMENT OF DEFICIENCIES
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E206 Continued From page 1

Resident #1 was admitted to the facility on [redacted]. Her diagnoses include, Parkinson's [redacted], and [redacted]. She is receiving ECC services. The facility does not maintain a log listing residents who receive ECC services or their dates of admission to ECC. There is no way to determine if the facility developed a written service plan within 14 days of admission to ECC.

Although the resident record contains a Health Assessment, Service Plan, Progress notes and a plan of care, these records and the delineation of services being provided is documented by Hospice staff. There is no evidence of coordination of services being provided with the facility, family and resident.

The facility does not maintain documentation to identify how the residents needs will be met and by whom based on an assessment.

An interview was conducted with a Hospice Registered Nurse on [redacted] at approximately 10:30 A.M. and she stated that Hospice maintains their documentation for the facility in communication logs and books maintained by the facility. She confirmed that the progress notes, assessments, care plans and service plans are developed by Hospice.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Weinberg Village
13005 Community Campus Dr.
Tampa, FL 33625

Dear Administrator:

This letter reports the findings of a Biennial state licensure survey with Extended Congregate Care (ECC) 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,

For Patricia Reid Caufman
Field Office Manager

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

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