STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	**04/27/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HERITAGE ALF, INC (THE)	**4406 N MELTON AVE TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Complaint Survey (CCR# 2015001573) was conducted on .

The Heritage Assisted Living Facility, Inc., had deficiencies at the time of the visit.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on Review, Observation, and Interview,the facility failed to ensure that one (out of 42) residents received the medication prescribed by a physician as directed, and in a timely manner, and ensure the Medication Observation Record (MOR) is correctly filled out.

Findings Include:

On , at approximately 3:00 pm, a Review of Resident #2's 2015 Medication Observation Record (MOR), revealed that there are no initials on some days on the MOR for 7 out of 19 prescribed medications, indicating the resident received the medication. For the medications that there are no initials, the MOR was not updated for any missed dosages or refusals on the back of the MOR.

On , at approximately 3:45 pm, a Medication Review was done with Staff C-Med Tech for Resident #2. Staff C was observed assisting the resident with the 4 pm medications for 5 out of 5 medications, however 3 of the 5 medications were initialed in the MOR before the resident took the medications. One out of 5 medications is to be taken at 8:00 am, 2:00 pm, and 8:00 pm, Staff C gave the one medication at 3:45 pm, 1 3/4 hours after the prescribed time.

On , at approximately 4:00 pm, an Interview with the Administrator revealed the facility is not checking the MOR on a daily or weekly basis due to shortage of staff.

On , at approximately 11:35 am, a call was placed to the Administrator and the MOR for Resident #2, for 2015 and 2015 was requested.

On , at approximately 1:50 pm, the 2015 and 2015 for Resident #2, was received via email. A Review of the and 2015 MOR was done and the following was found:

1. MOR not initialed by a Med Tech, and a note was written on the back of the MOR that the resident did take the PRN medication.

2. MOR initialed by a Med Tech for a PRN medication, no note was written on the back of the MOR.

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0054 Continued From page 1

3. MOR initialed by a Med Tech for a PRN medication, a different Med Tech wrote a note on the back of the MOR.

CLASS III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on Review and Interview the facility failed to maintain the minimum staff hours per week for 42 (out of 42) residents to meet the needs and to provide appropriate supervision.

Findings Include:

On at approximately 2:00 pm a Review of the facility's staff schedule for week ending on Saturday , revealed that the facility had 282 hours of direct care staff scheduled for 42 in-house residents. The facility was short 53 hours of direct care staff for this one week.

For 36 - 45 residents the minimum direct care staff hours required is 335 per week.

Upon further review:

The facility's staff schedule for week ending on Saturday , revealed that the facility had 324 1/2 hours of direct care staff scheduled for 42 in-house residents. The facility was short 10 1/2 hours of direct care staff for this one week.

The facility's staff schedule for the week ending on Saturday / , revealed that the facility had 312 hours of direct care staff scheduled for 42 in-house residents. The facility was short 23 hours of direct care staff for this one week.

On at approximately 2:45 pm, an Interview with the Administrator confirmed that the Surveyor did interpret the staff schedule correctly, and that the direct care staff hours are short. The Administrator was informed that direct care staff hours do not include housekeeping and maintenance hours.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
The Heritage ALF, Inc.
4406 North Melton Ave.
Tampa, FL 33614

RE: CCR #2015001573

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,

Paul M Brown

for Patricia Reid Caufman
Field Office Manager

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

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