STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967603	R
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
AMAZING GRACE ALF	**1106 E RICHMERE STREET TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

A second revisit to CCR# 2014009489 of [redacted] was conducted on

The Amazing Grace Assisted Living Facility had an uncorrected deficiency at the time of the visit.

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on interview and record review, the facility failed to ensure training documentation and training certificates meet regulatory requirements.

Findings include:

A review of the training certificates for Staff A revealed an adverse incident did not have the number of hours for the training and the name of the instructor who conducted the training.
The resident rights and ADL training certificate for Staff A did not have the correct number of required hours and the instructors signature.
During a phone conversation with the administrator on [redacted] at approximately 4:00 p.m. it was stated she had send documentation that showed the hours of training on a separate document. The certificate was not complete and did not meet the
requirements.

Class III

AH Form Approved

EFKT13

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967603	A. Building B. Wing	04/21/2015

Name of Facility	Street Address, City, State, Zip Code
AMAZING GRACE ALF	1106 E RICHMERE STREET TAMPA, FL 33612

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC		ID Prefix A0082 Reg. # 58A-5.0191(3) FAC LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By [signature]	Date: 5/8/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Amazing Grace ALF
1106 E Richmere Street
Tampa, FL 33612

RE: CCR #2014009489

Dear Administrator:

This letter reports the findings of a **second** complaint survey revisit conducted on 2015 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

All deficiencies shall be corrected no later than thirty days from the date of this letter.

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 (3020) 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