

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/13/2015
FORM APPROVED

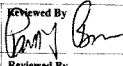
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967603	(X3) DATE SURVEY COMPLETED R
NAME OF PROVIDER OR SUPPLIER AMAZING GRACE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 1106 E RICHMERE STREET TAMPA, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A second revisit to CCR# 2014009489 of 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 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		

EFKT13

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11967603	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 04/21/2015
Name of Facility AMAZING GRACE ALF	Street Address, City, State, Zip Code 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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>A0081</u> Reg. # <u>58A-5.0191(2) FAC</u> LSC _____	Correction Completed	ID Prefix <u>A0082</u> Reg. # <u>58A-5.0191(3) FAC</u> LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
Reviewed By State Agency	Reviewed By 	Date: 5/8/15	Signature of Surveyor:		Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		Date:

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 Cauffman
Field Office Manager

PRC/src
Enclosure: State (3020) Form

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