AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965022	**05/18/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GAIL'S ALF	**811 EAST OSBORNE AVENUE TAMPA, FL 33603**	

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

0000 - Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on .

Gail's ALF, assisted living facility, had deficiencies at the time of the visit.

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

Based on record review and interview, one of two direct care staff sampled (C) who had been employed at least 30 days had not received all required training.

Findings include:

A review of personnel files during the . survey found that Staff C, hired had no documented evidence of having received the training in a) providing assistance with activities of daily living and b) recognizing and reporting resident neglect, and . Further review of the record as well as interview with the administrator at approximately 1:45pm on confirmed that these trainings were missing and that Staff C had not been core trained, nor was a licensed or certified professional.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, one of three staff sampled (C) who assist residents with their medication self-administration had not received the 2 hrs. of continuing education training on safe medication practices in an assisted living facility on an annual basis.

Findings include:

A review of personnel files during the . survey revealed that Staff C, hired , received the 4 hr. medication assistance training . Further review of this employee's record found no documented evidence of any subsequent training in any medication-related area. Interview with the administrator at approximately 1:50pm on . verified that Staff C had not taken any other medication-related topic since the course.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, one of two staff sampled (C) who had been employed at least 30 days had

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965022	**05/18/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GAIL'S ALF	**811 EAST OSBORNE AVENUE TAMPA, FL 33603**	

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

0090 Continued From page 1

not received training on the facility's [redacted] policy and procedures.

Findings include:

A review of Staff C's file during the [redacted] survey indicated that there was no documentation that he/she had received any training re: the facility's [redacted] policies/procedures. Interview with the administrator at approximately 1:55pm on [redacted] confirmed that no documentation to this effect had been filed for Staff C.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Gail's ALF
811 East Osborne Avenue
Tampa, FL 33603

Dear Administrator:

This letter reports the findings of a biennial state licensure 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,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

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