AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966437	**05/21/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
WESLEY HOUSE II	**1146 TIMBER TRACE DRIVE WESLEY CHAPEL, FL 33543**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A Biennial Licensure Survey with Extended Congregate Care Services (ECC) and Limited Mental Health (LMH) Services was conducted on / .

The Wesley House II had deficiencies found at the time of this visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based upon record review, the facility failed to ensure that 1 (#1) of 2 residents had documentation of being provided information pertaining to Resident Rights in an Assisted Living Facility at the time of admission.

Findings Include:

A review of the record on / for resident #1, admitted on / revealed that the contract did not include any written acknowledgement that the resident was informed of the Resident Bill of Rights at the time of admission, or by way of a signed acknowledgement in addendum form.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based upon record review & staff interview, the facility failed to ensure that 2 staff (B & C) of 3 staff had documented evidence of ( ) screening updated annually.

Findings Include:

A / review of the personnel record for both staff A & staff B, revealed the last documented updates on file was dated / .

During interview with facility management (about 12:15pm) it was stated that the screenings would be done as soon as possible.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based upon record review, the facility did not ensure that 1 (staff B) of 3 personnel records contained documentation of training in and within 30 days of employment.

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0082 Continued From page 1

Findings Include:

A review on / of the personnel record for staff B hired in 2008 revealed no documented evidence of training in and Aid's.

According to management at about 1 p.m., they could not locate the documentation of training.

Class III

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

Based upon record review, the facility did not ensure that 2 (staff B & C) of 3 personnel records contained documentation of training in within 30 days after employment.

Findings Include:

A review of the personnel records of staff B, hired 2008 and staff C, hired 2005 had documentation of being trained in the facility policy & procedures regarding 's.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based upon record review, the facility failed to ensure that 1 (#2) of 2 residents reviewed had a contract (residency agreement) executed on or prior to admission.

Findings Include:

A / review of the record for resident #2, admitted on revealed that the contract on file was not signed or dated by the resident or their responsible party.

During exit conference (4pm), facility management acknowledged that the residency contract was not completed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. . . . , 2015

Administrator
Wesley House II
1146 Timber Trace Drive
Wesley Chapel, FL 33543

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care (ECC) and limited mental health (LMH) services 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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review after 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,

Patricia Reid Caufman
For Field Office Manager

PRC/clt
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