AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953318	06/01/2015
NAME OF PROVIDER OR SUPPLIER **JEANETTE BOSTON ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6916 N. 30TH STREET** **TAMPA, FL 33610**	

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

0000 Initial Comments

Assisted Living Facility

Amended

A biennial state licensure survey was conducted on / / .

Jeanette Boston ALF, Inc., Assisted Living Facility, had deficiencies identified at the time of the visit.

Tag A Z815 was administratively deleted on .

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview, the facility's contract posed a potential violation of resident rights with respect to two of two residents sampled (#5; 6).

Findings Include:

A review of Resident #5 and #6's files found contracts that stipulated "a 45-day termination notice did not have to be initiated in the case of non-payment, and the resident could be discharged immediately." However, the situation of non-payment did not pose as an emergency situation, and therefore only required a normal 45-day notification of discharge. Interview with the administrator at approximately 1:10pm on / / indicated that "she realized this verbiage was possibly problematic and that she needed to revise/remove it from the residency agreement."

Class III

0081 Training - Staff In-Service

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

Findings Include:

A review of personnel files during the survey revealed that Staff B and C, hired / / and , respectively, had no documentation attesting to the fact that they had been formally trained regarding

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facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Interview with the administrator at approximately 1:20pm on / / verified that this paperwork was not available for inspection.

Class III

0085 Training - Nutrition & Food Service

Based on record review and interview, neither the administrator (Staff A) nor anyone else designated by the administrator (B;C) had obtained the minimum 2 hours continuing education in topics pertinent to nutrition/food service in an assisted living facility.

Findings Include:

A review of the administrator's (Staff A) personnel record during the / survey found no documented evidence of any 2 hour nutritional seminar/other update having been taken within the past year. This was also the case for Staff B and C. Although all three individuals had taken safe food handling, none had received the 2 hour training covering a broader range of nutritional topics, etc. Interview with the administrator at approximately 1:00pm on / / indicated that she "was under the impression that the 1 hour food handling training met this requirement."

Class III

0090 Training -

Based on record review and interview, two of two direct care staff sampled (B; C) had not received the 1 hour training in the facility's policy and procedures regarding within 30 days of employment.

Findings Include:

A review of personnel files during the inspection found that neither Staff B nor C, hired / / and , respectively, had any documented evidence verifying that they had received training in the facility's policy and procedures. Interview with the administrator at approximately 1:45pm on / / confirmed that this documentation was unavailable for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Jeanette Boston ALF
6916 N. 30th Street
Tampa, FL 33610

RE: Amended Report

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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit. Please be advised that Tag A Z815 was administratively deleted on .

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

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Jeanette Boston ALF
6916 N. 30th Street
Tampa, FL 33610

Dear Administrator:

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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 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.

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Sincerely,

for Patricia Reid Caufman
Field Office Manager

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

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