AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965964	**05/28/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
NEURORESTORATIVE FLORIDA (WHITNEY PINES)	**2785 WHITNEY ROAD CLEARWATER, FL 33760**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A Biennial survey was conducted on .

The Neurorestorative Florida (Whitney Pines) Assisted Living Facility had deficiencies at the time of the visit.

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

Based on record review and interviews, the facility failed to ensure that 2 of 5 staff who have been employed longer than 30 days were free from signs and symptoms of communicable .

Findings include:

During review of facility personnel files, it was determined that Staff A and Staff B's files, (the Administrators) did not contain evidence of freedom from communicable . There was no evidence in the file of a statement from a health care provider documenting that either Staff A or Staff B had been examined for freedom from communicable . In addition, there was no evidence of a negative examination on an annual basis.

Staff A, hired was interviewed at approximately 5:15 P.M. was interviewed and confirmed that she was overdue for being examined for an annual negative certification. The last documented examination for was .

Staff B, hired , was interviewed at approximately 5:15 P.M. on and stated that he had been examined at some time but confirmed that the evidence could not be found.

CLASS III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, a review of the current menus in use by the facility, and interviews, the facility failed to ensure all regular and therapeutic menus used by the facility were reviewed annually by a qualified person as defined below.
Findings Include:
During a review of the facility ' s current menus provided by Staff B on , it was noted that the three week cycle menus provided by Staff B were last signed and dated by a Registered Dietician on .
During an interview with Staff B on at 2:45 P.M., the menus were reviewed with the surveyor and Staff B

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confirmed that they were last reviewed and approved on . . . . He also stated that these are the menus currently being used by the facility. Staff B stated that the facility is in the process of making changes related to their menus and that they are communicating with a Licensed Dietician regarding approval of these menus.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Neurorestorative Florida (Whitney Pines)
2785 Whitney Road
Clearwater, FL 33760

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. **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,

for Patricia Reid Lufman
Field Office Manager

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

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