AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	06/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
TYRONE MANOR	2192 74TH STREET, NORTH SAINT PETERSBURG, FL 33710	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey, CCR#2015002241, was conducted on .

The Tyrone Manor Assisted Living Facility had deficiencies found at the time of the visit.

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on observation and interview, the facility was found to be over-capacity by having 7 residents living in the facility instead of 6 residents. The facility is licensed for 6 residents.

Findings Include:

The tour of the facility on revealed there were two residents living in the first the left of the living . . . . . Resident #7 and Resident #3. Resident #7 was not in the admission and discnarge log. There were already 6 residents living at the facility and Resident #7 made the facility over-capacity by one.

When interviewed on . . . . at 9:15 a.m., the administrator stated Resident #7 was just visiting and he should have been gone by / / .

During an interview Resident #7 stated on at 10:05 a.m. he has been there for about a month and he wasn't visiting. He stated he has no where else to go but here. This is where he lives.

Class III

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

Based on interview and record review the facility failed to ensure therapeutic diets were prepared and served as ordered by the health care provider for 1 of (#4) 4 residents who were sampled for therapeutic diets. Also the facility failed to have the facility menus reviewed annually by a registered dietitian

Findings Include:

Ar ecord review on of Resident #4's health assessment dated revealed he has a order for a diet of 2 G SOD 1800 CON CHOC 60 GM DRO 60 MEQ POT. The facility does not have this therapeutic diet available for the resident. The administrator stated on the resident isn't on a special diet and that was before when he first came to stay at the facility. Resident #4 was admitted to the facility on / / .

AGENCY FOR HEALTH CARE ADMINISTRATION

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SUMMARY STATEMENT OF DEFICIENCIES
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0093 Continued From page 1

A record review on of the facility's menu revealed the last time the menus were reviewed by a registered dietitian was on . The menus must be reviewed annually.

When interviewed on at 11:55 a.m., the administrator stated the menus have not been updated since .

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to ensure 1 of (#2) 3 residents' demographic sheet was completed and in the resident's file .

Findings Include:

During a record review on it was revealed resident #2 who was admitted on ,2015 did not have a demographic information sheet available for review.

The administrator stated he had just moved in and she did not complete all the required forms.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to ensure a contract was signed and dated for 2 of (#2 &#3) 3 residents sampled for contract review.

Findings Include:

A reveiw of resident contracts revealed resident #2 who was admitted to the facility on / did not have a signed contratct with the facility. During a brief interview the resident confirmed he had been living at the facility a couple of months and did not sign a contract with the facility.

A reveiw of resident contracts revealed resident #3 who was admitted to the facility on / did have a signed contratct with the facility but the contract was not dated.

The administrator stated on at approximately11:30 AM that she did not have a contract for resident #2 available for review and she needed to have a contract completed for resident #2. She also did not realize the contract for resident #3 had not been dated.

AGENCY FOR HEALTH CARE ADMINISTRATION

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

0167 Continued From page 2

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Tyrone Manor
2192 74th Street, North
Saint Petersburg, FL 33710

RE: CCR #2015002241

Dear Administrator:

This letter reports the findings of a complaint 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 Caufman
Field Office Manager

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

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