**AGENCY FOR HEALTH CARE ADMINISTRATION**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967240** | **06/16/2015** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **TORIA'S ASSISTED LIVING FACILITY II** | **613 FOREST HILLS BRANDON, FL 33510** | |

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

**0000 - Initial Comments**

Assisted Living Facility

An extended congregate care (ECC) monitoring visit was conducted on .

Toria's Assisted Living Facility II had a deficiency at the time of the visit.

**E210 - ECC - Training - 58A-5.0191(7) FAC**

Based on interview and record review, the facility failed to ensure that one of two sampled direct care staff (Employee B) had documentation of completion of two hours of required in-service training for Extended Congregate Care (ECC).

Findings include:

A record review of the personnel file for Employee B conducted on revealed no documentation indicating Employee B had completed two hours of ECC training. The record review also revealed Employee B was hired in 2013.
When interviewed on at approximately 12:05 PM, the administrator contacted her business office and said she was trying to have someone find the training certificate and indicated she knew Employee B had completed the training. The administrator said if she located it later, she would fax it to the agency. To date, no certificate for the ECC training has been received.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Toria's Assisted Living Facility II
613 Forest Hills
Brandon, FL 33510

Dear Administrator:

This letter reports the findings of an extended congregate care (ECC) monitoring visit 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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