AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	**06/10/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HERITAGE ALF, INC (THE)	**4406 N MELTON AVE TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

A biennial licensure survey was conducted on , in conjunction with a revisit to CCR#2015001573 of .

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

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview, the facility failed to ensure that the scheduled activities must be available at least 6 days a week for a total of 12 hours per week. The facility failed to ensure the on-going activities provided diversified individual and group activities in keeping with each resident's needs, abilities, and interests.

Findings include:

During the tour of the facility on , there was a large activity calendar observed to be posted on the wall outside the dining area. The calendar read every Monday, from 2p-4p was Dr Gandell's group; every Tuesday, from 2p-4p was puzzles; every Wednesday, from 2p-4p was Dr Gandell's group; every Thursday, from 2p-4p was bingo and prizes; every Friday, from 2p-4p was Dr Gandell's group; every Saturday was a free day; every Sunday, from 11a-12p was church.
The facility had 5 days with 2 hours of activities and the sixth day had one hour. The requirement for activities is 12 hours of activities in a six day period. The facility has only 11 hours for six days.
The facility did not provide an on-going activities program which provided activities in keeping with the residents needs, abilities and interests. The group scheduled three times a week was for medicare residents only. This activity only met the needs for a select number of residents. There were no other activities offered on those days for the rest of the residents who did not have medicare and who could not join the group.
During confidential interviews with the residents from 10:00 a.m. to 11:30 a.m. on , the residents stated they would like to have back "movie day" again and the facility does not have very many activities and they want to have more activities to enjoy.
When interviewed on at 3:20 p.m., the administrator stated he was working on getting an activities director so there could be more varied activities.
Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on interview and record review, the facility failed to ensure that revised instructions were obtained for "as needed" medications for two (#5 & #10) of five residents sampled for medication review.

Findings include:

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Record review on [redacted] of Resident #5's medication observation record (MOR) for [redacted], 2015 revealed a prescription for [redacted], 100 mg tablet; take 1 tablet by mouth once daily as needed.

Record review on [redacted] of Resident #10's medication observation record (MOR) for [redacted], 2015 revealed a prescription for [redacted] SOD, 100 mg capsule; take 1 capsule by mouth every day as needed.

The facility did not contact the health care provider for revised instructions concerning the circumstance under which it would be appropriate for Resident #5 to request the medication, [redacted] and Resident #10 to request the medication, [redacted] SOD.

On [redacted] at 3:15 p.m., the Administrator confirmed that no further instructions for use had been obtained from the health care provider for Resident #5 and Resident #10.

Class III

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

Based on interview and record review, the facility failed to ensure that 1(#A) of 3 direct care staff sampled for communicable [redacted] statement and annual [redacted] test had submitted an initial statement from a health care provider that the staff is free from communicable [redacted] within 30 days of employment and annual documentation that the staff is free from [redacted].
Findings include:
Record review of staff #A's personnel file revealed she was hired on [redacted]. There was no documentation in staff #A's personnel file which stated she was free from communicable [redacted].
Record review of staff #A's personnel file revealed [redacted] ( ) screening was done by a chest x-ray on [redacted]. No updated [redacted] screening was located in staff# A's personnel file.
When interviewed on [redacted] at 3:20 p.m., the administrator confirmed the findings and stated he did not realize that if the staff had a chest x-ray, she still had to have a statement annually from her health care provider stating she was free from any signs or symptoms of [redacted].
Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure 3 (#A, #B, #C)of 3 direct care staff sampled for elopement training had the required in-service training within 30 days of hire. The facility also failed to ensure 1 (#C) of 3 direct care staff sampled for providing assistance with activities of daily living and resident behavior and needs training had the required 3 hour in-service training within 30 days of hire and the facility failed to ensure 3 (#A, #B, #C) of 3 direct care staff sampled for safe food handling practices had the required 1 hour in-service training within 30 days of hire.

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Findings include:

Record review of staff #A's personnel file on revealed she was hired on / and there was no documentation in her file stating staff #A had completed the required elopement training and the required 1 hour in-service training for safe food handling practices within 30 days of hire..

Record review of staff #B's personnel file on revealed she was hired on and there was no documentation in her file stating staff #B had completed the required elopement training and the required 1 hour in-service training for safe food handling practices within 30 days of hire.

Record review of staff #C's personnel file on revealed she was hired on and there was no documentation in her file stating staff #C had completed the required elopement training, the required 1 hour in-service training for safe food handling practices and the required 3 hour in-service training for providing assistance with activities of daily living and resident behavior and needs within 30 days of hire.

When interviewed on at 3:00 p.m., the administrator verified the documentation for the required trainings were not in staff #A, staff #B and staff #C personnel files.

Class III

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

Based on record review and interview, the facility failed to ensure 2 (#A & #B) of 3 direct care staff sampled for ( ) training had the required of at least 1 hour training on the facility's policies and procedures regarding within 30 days of hire.

Findings include:

Record review of staff #A's personnel file on revealed she was hired on / and there was no documentation in her file stating staff #A had completed the required of at least 1 hour training on the facility's policies and procedures regarding within 30 days of hire.

Record review of staff #B's personnel file on revealed she was hired on and there was no documentation in her file stating staff #B had completed the required of at least 1 hour training on the facility's policies and procedures regarding within 30 days of hire.

When interviewed on at 3: 10 p.m., the administrator verified the documentation for the required training for was not in staff #A and staff #B personnel files.

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Heritage ALF, Inc (the)
4406 N Melton Ave
Tampa, FL 33614

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,

Patricia Reid Caufman
Field Office Manager

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

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