STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	R **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 revisit to complaint survey, CCR# 2015001573, was conducted on .

The Heritage ALF, Inc. had an uncorrected and a new deficiency at the time of the visit.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interviews, the facility failed to have their medication observation record (MOR) updated daily for 3 (Residents #1, # 5 & #9) of 5 residents sampled for medications.

Finding include:

Record review on of Resident #1's medication observation record (MOR) revealed there were days where the MOR was not initialed and left blank. The MOR was not updated for 5 routine medications out of 9 routine medications for Resident #1. The dates where there were no initials were , 5th and 8th. When there were no initials on the MOR, there was no explaination on the back of the MOR as to why there were no initials.

Resident #1 stated on at 8:15 am I get my medication everyday just like this morning.
Record review on of Resident # 5's medication observation record (MOR) revealed there were days where the MOR was not initialed and left blank. The MOR was not updated for 11 routine medications out of 23 routine medications for Resident #5. The dates where there were no initials were , 5th, 6th and 8th. When there were no initials on the MOR, there was no explaination on the back of the MOR as to why there were no initials.
Resident #5 stated on at 8:30 am while standing at the nurses' station, she gets her medications everyday. I come here everyday and get them.
Record review on of Resident #9's medication observation record (MOR)revealed there were days where the MOR was not initialed and left blank. The MOR was not updated for 9 routine medications out of 16 routine medications for Resident #9. The dates where there were no initials were 2nd, 4th, 7th and 8th. When there were no initials on the MOR, there was no explaination on the back of the MOR as to why there were no initials.
Resident #9 stated on at 1:30 pm, he always gets his medications everyday. He stated he got them this morning.
The administrator stated on at 1:40 pm the staff gives the medications but do not always initial the MOR as medications given because they get distracted and forget to do it. He stated he understands there is a problem and he will be doing another in-service regarding initialing the MOR and filling in information on the back of the MOR on the day the medication is given.

Uncorrected from .
Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	R **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)

0058 Continued From page 1

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC

Based record reviews and interview during the revisit on , the facility failed to correct one of the deficiencies (A0054) cited on . The outcome of the revisit to CCR#2015001573 was one uncorrected Class III medication deficiency.

Findings include:

The facility had a documented uncorrected class III deficiency regarding medicinal drugs. The facility is required to employ the consultant services of a licensed pharmacist or a licensed registered nurse. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.

After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 14 working days of the notice of an uncorrected class III deficiency.

The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required.

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11911240	A. Building B. Wing	06/10/2015

Name of Facility	Street Address, City, State, Zip Code
HERITAGE ALF, INC (THE)	4406 N MELTON AVE TAMPA, FL 33614

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0079 Reg. # 58A-5.019(3) FAC LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By [signature]	Date: 6/19/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

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 revisit survey conducted on , 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2015.

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. Should you have any questions please call this office at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

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

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St. Petersburg, FL 33701
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