STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922285	**06/23/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
PRINCETON VILLAGE OF LARGO	**333 16TH AVENUE SOUTHEAST LARGO, FL 33771**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A Change of Ownership Licensure Survey (CHOW) with extended congregate care (ECC) was conducted on

Princeton Village of Largo Assisted Living Facility had deficiencies at the time of this visit.

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

Based on observation, interview and record review the facility failed to ensure that 1of 4 sampled employees (B) were free from communicable within 30 days after beginning employed.

Finding Include:

A review of the employee personnel records on . Revealed employee B was hired on as an LPN and works the 3rd shift 11:30 p.m. to 8:00 a.m. shift. Employee B files revealed Employee (B) file did not have documentation indicating a clearance of free communicable statement in file at this time. No further documentation was provided at this time.
During an interview with the Business office manager on at 3:05 pm The Business office manager confirms Employee B files does not have documentation indicating a clearance of free communicable in file at this time. The business office manager and the facility administrator both confirms staff is currently working as a LPN as direct care staff for resident as of .
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Princeton Village Of Largo
333 16th Avenue Southeast
Largo, FL 33771

Dear Administrator:

This letter reports the findings of change of ownership (CHOW) state licensure survey with extended congregate care (ECC) 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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida