STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967632	**06/29/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
DLM HOME CARE SERVICES ALF	**8416 BARRETT PLACE TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on in conjunction with a Complaint survey (CCR#2015003586).

The DLM Home Care Services ALF, Assisted Living Facility, had deficiencies at the time of this visit.

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

Based on record review and interviews, the facility failed to ensure all staff have testing within 30 days after beginning employment and annual documentation of freedom from The facility also failed to ensure newly hired staff submit within 30 days of hire a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including

Findings Include:

Surveyors conducted a survey at the facility on the facility census is 5 residents at the time of visit. Per record review, two of four employee records did not contain annual documentation of testing. One of four employee records reviewed did not contain evidence of newly hired staff having submitted within 30 days of hire a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including

Per record review, Staff A's last testing was conducted on There was no record of the required annual testing due by Per observation and interview, Staff A is the current Administrator and provides residents direct personal care services.

Per record review, Staff B's last testing was conducted on There was no record of the required annual testing due by Per observation and interview, Staff B is the facility Co-Owner and provides residents direct personal care services.

Per record review, Staff C was hired as a Resident Caregiver on Per observation and interview, Staff C was providing residents direct personal care services on the day of facility visit. Staff C's file contained no record of testing.

Per record review, Staff D was employed at the facility and provided direct resident personal care services. Staff D's file contained no record of testing and no statement of freedom from communicable including

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Per interview with the Administrator on he was planning to get testing done the week after the survey visit.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
DLM Home Care Services ALF
8416 Barrett Place
Tampa, FL 33612

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 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/src
Enclosure: State (5000-3547) Form

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