STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953595	07/13/2015
NAME OF PROVIDER OR SUPPLIER **ALLEGRO AT COLLEGE HARBOR (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4600 54TH AVENUE, SOUTH** **SAINT PETERSBURG, FL 33711**	

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

0000 Initial Comments

Assisted Living Facility

An unannounced change of ownership (CHOW) state licensure survey was conducted in conjunction with five complaint surveys, CCR# 2015004370, CCR#2015004275, CCR# 2015004372, CCR# 2015004581, and CCR# 2015004584 on .

Allegro at College Harbor, assisted living facility, had deficiencies at the time of visit

0081 Training - Staff In-Service

Based on observation, interview and record review the facility failed to ensure that staff had all the required training for three (Staff B, C and D) of five sampled staff records.

Findings include:

A review of staff B files revealed she was hired on . Staff B s file did not have documentation indicating she received training for Incident Reporting.
A review of staff C files revealed she was hired on . Staff Cs file did not have documentation indicating she received training for Resident Rights, Incident Reporting, Emergency Preparedness, Recognizing and Reporting or Control
A review of staff D files revealed he was hired on /. Staff Ds file file did not have documentation indicating he received training for Resident Rights, Elopement Response, Incident Reporting, Emergency Preparedness, Recognizing and Reporting , control or Assistance with Daily Living.
During an interview with the Human Resource Director on at 3:09 p.m., the Human Resource Director reviewed employee files for staff B, C and D confirmed findings.

Class III

0085 Training - Nutrition & Food Service

Based on interview and record review the facility failed to ensure the administrator or person designated by the administrator, as responsible for the facility's food service and day to day supervisor

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SUMMARY STATEMENT OF DEFICIENCIES
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of food service staff, obtained the required minimum of 2 hours of annual continuing education.

Finding include:

During a record review conducted on of the facility personnel records for Staff F, the facility did not provide evidence of a minimum of 2 hours of continuing education, related to nutrition and food service for the food service designee.

During an interview with the food service manager on I/ at 2:49 P.M., the food service manager reviewed employee files with surveyor and confirmed findings. The food service manager stated, " Sorry I don't have the annual 2 hours update yet, the most recent food service update I have on file was from 2013." The facility did not provide any further evidence at this time.

Class III

0090 Training -

Based on interview and record review, the facility failed to ensure 2 of 5 (employees B and D) sampled employee files reviewed had in-service training within 30 days of employment status.

Finding include:

A review of the employee personnel records on revealed Employee (B) file did not have documentation indicating in-service training was completed. Employee B was hired on
A review of the employee personnel records on revealed employee D was hired on I/, the Employee file did not have documentation indicating in-service training was completed.
During an interview with the Human Resource Director on I/ at 3:47 P.M., The Human Resource Director reviewed personnel files with the surveyor and confirmed that Employee B and D did not have the required in-service training for . No further documentation was provided.

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

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Allegro At College Harbor (the)
4600 54th Avenue, South
Saint Petersburg, FL 33711

RE: CCR# 2015004581, 2015004584, 2015004370, 2015004372, 2015004275 & CHOW

Dear Administrator:

This letter reports the findings of five complaint surveys and a change of ownership (CHOW) 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 attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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.

St. Petersburg Field Office
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St. Petersburg, FL 33701
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Youtube.com/AHCAFlorida
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SlideShare.net/AHCAFlorida

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,

Paul M Brown

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form