AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968310	07/24/2015
NAME OF PROVIDER OR SUPPLIER **INSPIRED LIVING AT IVY RIDGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7179 4OTH AVE N** **SAINT PETERSBURG, FL 33709**	

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

0000 Initial Comments

Assisted Living Facility

A Biennial Licensure with Limited Nursing Services (LNS) Survey, was conducted on

Ivy Ridge Living Center, assisted living facility, had deficiencies identified at the time of the visit.

0078 Staffing Standards - Staff

Based on record review and interview, four of four staff sampled (A-D) did not have a written statement from a health care provider (physician;physician's assistant; ARNP) attesting to their freedom from signs or symptoms of communicable , while Staff B had no ( ) examination as well. Findings include:

A review of the personnel files for Staff A, B, C, and D during the survey found that none of these individuals had obtained a medical clearance regarding the presence of communicable from a health care provider. In addition, Staff B had no evaluation available for inspection. Interview with the administrator at approximately 11:45am on confirmed that the requested records had not yet been procured.

Class III

0081 Training - Staff In-Service

Based on record review and interview, two of three direct care staff sampled (B;C) who had been employed at least 30 days had not yet received all required training. Findings include:

A review of Staff B's personnel record (hired) revealed that she had not yet received the following training as of the survey: a) 1 hr. control, including universal precautions/facility sanitation procedures; b) 1 hr. trg. in reporting major and adverse incidents, and facility emergency procedures including chain of command and staff roles relating to emergency evacuation; c) 1 hr. trg. in resident rights in an assisted living facility; and d) recognizing and reporting resident , neglect and ; and 3 hrs. trg. in resident behavior and needs and providing assistance with activities of daily living. A review of Staff C's file (hired) found that there was no documentation verifying that the elopement training had been provided/received. Interview with facility administration at

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approximately 1:45pm on provided no clarification.

Class III

0085 Training - Nutrition & Food Service

Based on interview and record review, the administrator or designee in charge of the facility's food service (H) had not obtained 2 hours continuing education in related topics on an annual basis. Findings include:

Interview with the administrator at approximately 1:00pm on revealed that she had designated Staff H as being in charge of the facility's food service and day to day supervision of the food service staff. Upon request, after at least two hours of searching, the administrator stated in an interview at approximately 3:15pm on "that she had been unable to locate Staff H's latest nutritional training update training certificate."

Class III

0086 Training - ADRD

Based on record review and interview, one of four staff sampled (C) who have regular contact with or provide direct care to residents with ADRD had not received the initial 4 hrs. ADRD training within 3 months of employment. Findings include:

A review of personnel files during the survey indicated that Staff C, hired as evening LPN , had no documentation verifying that she had received the initial 4 hrs. of and Related training. Interview with facility administration at approximately 2:45pm on confirmed that this training had not yet been provided to Staff C.

Class III

0161 Records - Staff

Based on record review and interview, the personnel files for three of four staff sampled (B-D) did not contain copies of the pertinent job description given to each employee. Findings include:

A review of the personnel records for Staff B, C, and D during the inspection found no official job descriptions that had been signed off by each employee. Interview with facility administration at approximately 1:50pm on provided no clarification for this discrepancy.

AGENCY FOR HEALTH CARE ADMINISTRATION

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Class

0167 Resident Contracts

Based on record review and interview, the facility contract had inappropriate verbiage in documents for two of two residents sampled (#6; 7). Findings include:

Although a review of the residency agreement revealed a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), further review of this provision indicated that it stated the assessment shall be completed "no more than 30 days prior to the effective date of the agreement." However, this conflicts with regulation, which states that the assessment may be up to 60 days prior to, and 30 days after admission to the facility. Interview with facility administration at approximately 11:30am on revealed that "this possibly had been an oversight with some of the older contracts and needed to be amended."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Inspired Living At Ivy Ridge
7179 40th Ave N
Saint Petersburg, FL 33709

Dear Administrator:

This letter reports the findings of a beinnial state licensure survey with limited nursing services (LNS) 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.

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
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Phone:(727) 552-2000; Fax:(727) 552-1162
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