AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968529	08/04/2015
NAME OF PROVIDER OR SUPPLIER **BELLA ROSE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **804 W YUKON ST** **TAMPA, FL 33604**	

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

0000 Initial Comments

Assisted Living Facility

A biennial state licensure survey with limited mental health services (LMH) was conducted on .

Bella Rose ALF, Assisted Living Facility, had deficiencies identified at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview, the contract for two of two residents sampled (#3; 4) included verbiage that improperly referred to an additional condition under which the 45-day notice could be waived.

Findings Include:

A review of resident records revealed that the contracts for Residents #3 and #4 both had the following stipulation: "In addition, Bella Rose ALF reserves the right to require a resident to leave without a 45-day notice when the resident/responsible party does not pay for the service as outlined in this agreement, even after he has been provided with a) a written reminder that his bill is delinquent and b) an advance notice requesting transfer." Interview with the administrator at approximately 1:00pm on revealed that he was aware of the issue, and thought he could avoid payment-related concerns by adding this provision.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, three of three staff sampled (A-C) did not have evidence of a negative examination ( ) documented on an annual basis.

Findings Include:

A review of the personnel files for Staff A, B, and C during the / inspection revealed that the latest evaluation for all three employees had been conducted (expiring). Interview with the administrator at approximately 1:15pm on verified that none of these staff members had obtained

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a subsequent assessment.

Class III

0079 Staffing Standards - Levels

Based on observation, record review and interview, the facility did not maintain minimum staffing levels to meet its current census.

Findings Include:

Observation of the facility residents during the inspection found a total of six (6). This corresponded with what the administrator indicated the current census was. Review of the facility staffing schedule found a document that only reflected 168 hrs./wk. or 24 hrs. per day, falling short of the requirement of a census of six (6). Interview with the administrator at approximately 11:50am on revealed that "he sometimes worked longer than indicated on the schedule", but this was not clear from what was reviewed. Furthermore, during resident interviews, some indicated that "the administrator didn't come to the facility that regularly."

Class III

0083 Training - First Aid and

Based on record review and interview, one of three staff sampled (A) did not have a current First Aid or certification card available for agency inspection.

Findings Include:

A personnel record review during the inspection indicated that Staff A (hired 2013) had no First Aid nor certification cards available for review. Interview with the administrator (A) at approximately 2:25pm on provided no clarification for this discrepancy.

Class III

L243 LMH - Training

Based on record review and interview, two of three staff sampled (B; C) had not yet received the 6 hours of LMH training within 6 months of employment.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings Include:

A personnel file review during the survey revealed that neither Staff B nor C (hired as caregivers and , respectively) had any documented evidence that they had received the 6 hours of LMH training provided /approved by the Dept. of Children and Families. Interview with the administrator at approximately 1:30pm on indicated that "he thought he was the only staff person in the facility who was required to have this training."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Bella Rose ALF Inc
804 W Yukon St
Tampa, FL 33604

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited mental health (LMH) monitoring 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 Brow**n, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

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

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St. Petersburg, FL 33701
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