STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967471	09/16/2015
NAME OF PROVIDER OR SUPPLIER **HYDE PARK ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3011 WEST DE LEON STREET TAMPA, FL 33609**	

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

0000 Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2015006776 & 2015007971, were conducted on .

The Hyde Park Assisted Living Facility had deficiencies at the time of the visit.

0010 Admissions - Continued Residency

Based upon record review & interview, the facility did not ensure an updated medical examination was obtained after changes in condition for 1 resident (#1) reviewed.

Findings include:

A review on of the record for resident #1 admitted / and discharged on revealed that the residents medical examination/health assessments (AHCA form 1823) had not been updated for changes in condition after hospitalization. Although numerous health assessments had been completed (10 in total) through-out the years, the most recent examination found on record was dated . The diagnosis on medical examinations included , , chronic back pain & . The recent physicians progress notes dated / include diagnosis of HPI, , , GAD, generalized , QA back, neck pain, recent 2nd Kyphoplasty.

Per interview with management at approximately the file had been thinned since the resident was here so long. A more recent medical examination could not be found.

The record reflected that resident #1 had numerous hospitalizations in 2015. They include multiple hospitalizations for various reasons in , 2015,, 2015, 2014, 2015 & 2015. Hospitalizations included backpain, , mental health issues. No updated medical assessments were found subsequent to the hospitalizations of 2015.

Class III

0030 Resident Care - Rights & Facility Procedures

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	AL11967471	09/16/2015
NAME OF PROVIDER OR SUPPLIER **HYDE PARK ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3011 WEST DE LEON STREET** **TAMPA, FL 33609**	

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

Based upon record review & interview, the facility failed to ensure that 1 sampled resident (#1) who received 45 days written notice of was provided with the reason for discharge.

Findings include:

A review of the record for resident #1 on / revealed that although the resident was provided with written 45 days notice of termination of the residency agreement dated to vacate by / there was not a reason indicated on the notice. The resident was admitted to the facility on / and moved out on /.

Per interview with facility management at approximately 5pm, the reason for discharge was due to resident #1 having persistent on-going conflicts with other residents of the facility. The resident had been given written 45 days notice of discharge on previous occasion which was rescinded after resident would improve her behavior, than another 45 day notice would be given & rescinded after improvement.

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview the facility failed to ensure employee training for 6 of 6 staff reviewed, had certificates which meets requirements.

Findings include:

During record review / / it was revealed the direct care staff training has been conducted by watching on line classes. The certificates from the on line class does not contain all the required information such as instructors legible signature and licensure number, training agenda and subject matter.

An interview conducted with the administrator on / it was stated that when a new employee is hired she has the employee go to her office and watch the classes on computer, goes over the material answering questions the staff has then prints the certificate for the employee's file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2015

Administrator
Hyde Park Assisted Living Facility
3011 West De Leon Street
Tampa, FL 33609

RE: CCR# 2015006776 & CCR# 2015007971

Dear Administrator:

This letter reports the findings of two complaint surveys that were conducted on [illegible], 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than [illegible], 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.

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Youtube.com/AHCAFlorida
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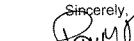
SlideShare.net/AHCAFlorida

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown** at 727-552-2000.

Sincerely,



for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547