STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968203	11/23/2015
NAME OF PROVIDER OR SUPPLIER **SAINT JOSEPH ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7615 BARRY RD** **TAMPA, FL 33615**	

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

0000 Initial Comments

Assisted Living Facility

On , 2015, a biennial relicensure survey was conducted at Saint Joseph Assisted Living. Deficient practice was identified during the survey.

0010 Admissions - Continued Residency

Based on record review and interview, one of two residents sampled (#1) had been inappropriately admitted to the facility.

Findings Include:

A review of Resident #1's file during the survey revealed an admission date of and an original health assessment from . Review of this document found several concerns, including the following: a) it stated that "the resident was bedridden and required total care dependence" under care concerns; b) the option of whether the resident's needs could be met in an ALF had been left blank; and c) all of the activities of daily living (ADLs) were designated at a "total care" level--or consistent with residents who are not appropriate for an ALF setting. Interview with the administrator at 1:15pm on / / provided no clarification regarding this admission.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview, the facility had not reviewed the use of half-bed rails by a provider with respect to one of one resident sampled with said devices in place (#1).

Findings Include:

At approximately 10:20 a.m. on / / , half-bed rails were observed attached to the bed of Resident #1. Review of this individual's file found no official order for these rails by a physician/other health care provider. Interview with the administrator at 2:20 p.m. on / / verified that no formal order for the rails had been obtained.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0078 Staffing Standards - Staff

Based on record review and interview, one of two staff sampled (A) had not had their freedom from ( ) documented on an annual basis.

Findings Include:

A personnel file review during the survey revealed that the latest statement for Staff A was from . Interview with the administrator at 1:25 p.m. on / verified that Staff A had not yet updated her test/results and that "she was in the process of obtaining said documentation."

Class III

0079 Staffing Standards - Levels

Based on interview, observation and record review, the facility did not maintain the minimum required number of staff hours per week for its resident census.

Findings Include:

Interview with the caregiver in charge at 9:20 a.m. on / indicated that the current census was 6 residents. This was verified by direct observation. Review of the facility's staff schedule found a document that only reflected a total of 193 hours per week, falling short of the minimum requirement of 212 hours by 19 hours per week. Interview with the administrator at 11:40 a.m. on / verified that the staff schedule was accurate and that he had no further information to provide regarding this issue.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility's elopement policy incorrectly stated the time frame within which new staff would receive related training with respect to two of two residents sampled (#1; 2).

Findings Include:

A review of resident records revealed that the contracts for Residents #1 and 2 both had the facility's elopement policy and procedure attached. Further review of this addendum found a document that indicated "all staff shall receive training regarding these policies/procedures within 6 months of being

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SUMMARY STATEMENT OF DEFICIENCIES
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hired." This conflicted directly with the requirement that "facility staff shall receive training...within thirty (30) days of employment." Interview with the administrator at 2:15 p.m. on / provided no clarification regarding this discrepancy.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Saint Joseph Assisted Living Facility, Inc
7615 Barry Rd
Tampa, FL 33615

Dear Administrator:

This letter reports the findings of a 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 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 , 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

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