AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968173	12/07/2015
NAME OF PROVIDER OR SUPPLIER **CASA SANTA MARTHA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1917 W MOHAWK AVE** **TAMPA, FL 33603**	

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

0000 Initial Comments

Assisted Living Facility Licensure

On , 2015 a biennial licensure survey was conducted at the Casa Santa Martha ALF.

The facility had a deficiency at the time of this visit.

0007 Admissions - Criteria

Based upon record review, observation and interview 1 (#3) of 2 residents reviewed appeared to be inappropriate at the time of admission.

Findings included.

A review of the record for resident #3 revealed that the resident was admitted on / / .
According to the resident health assessment (AHCA form 1823) dated / the resident was diagnosed with status post hip , , , , muscle , difficulty walking. This resident health assessment was from a prior facility a year earlier.
Resident #3 is on Hospice Care. The resident is on a pureed diet with nectar thickened liquids

Resident #3 was observed in her wheelchair, with help of pillows to establish appropriate body posture/alignment. During the noon meal the resident was provided one to one assistance by staff to eat.

During observation of transfer from chair to bed of resident #3, 2 staff assisted the resident. The resident did not appear to bare weight on her feet.

During interview with the facility administrator and direct care staff at 1pm, they acknowledged that resident #3 could not bear weight. The administrator was under the impression that since resident #3 was already on Hospice at another ALF it was alright to admit her to his facility.

A face to face interview with the Hospice LPN at 2pm verified that resident #3 was to transfer, The Hospice LPN also indicated that the resident has done very well since being admitted to this facility. Resident #3 is always neat and clean. There were no concerns with her care.

Telephone interview with the daughter of resident #3 revealed that the resident was pulled out of another ALF as the daughter felt her mother was not receiving the care and assistance with meals and since

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coming to this facility her mother has gained weight.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Casa Santa Martha ALF
1917 W Mohawk Ave
Tampa, FL 33603

Dear Administrator:

This letter reports the findings of a biennial 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,

/s/ Patricia Reid Caufman
Field Office Manager

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

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