STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965303	01/07/2016
NAME OF PROVIDER OR SUPPLIER **ALBINA MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **820 15 TH STREET N.** **SAINT PETERSBURG, FL 33705**	

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

0000 Initial Comments

Assisted Living Facility Licensure

On ', 2016, a biennial re-licensure survey in conjunction with complaint investigation, CCR# 2015012581, was conducted at Albina Manor assisted living facility. Deficient practice was identified during the surveys.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to have a completed health assessment for 2 (#6 & #8) of 2 residents sampled for health assessments.

Findings included:

Record review on /' of Resident #6's health assessment dated /' revealed the section which asks what kind of assistance with medication the resident would need, was not marked.

Record review on /' of Resident #8's health assessment dated /' revealed the section which read: does the individual need help with taking medications was not marked yes or no. Also the section which asks what kind of assistance with medication the resident would need, was not marked.

When interviewed on /' /' at 5:50 p.m. the administrator verified the health assessments were not completed for Resident #6 and Resident #8.

Class III

0079 Staffing Standards - Levels

Based on interview and record review, the facility failed to ensure they maintained the minimum staffing hours for the week of 3-9 of 253 hours for a census of 17.

Findings included:

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During a review of the facility's weekly staffing schedule for the week of 2016 to 9th, 2016 there was a total of 171 .5 staffing hours for 17 residents. The facility needed a total of 253 staffing hours to meet the state requirements.

The administrator stated on / at 4:00P.M. she would increase the staffing hours immediately.

Class III

0081 Training - Staff In-Service

Based on record review and interview the facility failed to ensure 2 (Staff # B & #C) of 3 sampled staff performing direct care to residents had completed required inservice training within 30 days of beginning employment at the facility.

Findings included:

During record review conducted on / / it was noted the record for Employee B was missing documentation of the following required training: reporting major incidents, adverse incidents, emergency procedures including change of command, resident rights, recognizing and reporting resident , neglect and control including universal precautions. Staff #B was hired on .

Employee C was missing documentaltion of receiving a one hour training on control including universal precautions. Staff #C was hired on / / .

An interview conducted on / / at 4:00pm the administrator stated that she thought the employees had received the required training

Class III.

0082 Training - /

Based on record review and interview the facility failed to ensure 1(Staff #B) of 3 direct care staff had within 30 days of employment, a one hour education course on and .

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

Findings included:

During a review of staff records on I/ it was revealed Staff #B who has hired on I/ did not have documentation of completing the required one hour training in and .

During an interview with the administrator on I/ at 4:00 p.m.she stated that she thought the employee had completed all her required trainings.

Class III

0093 Food Service - Dietary Standards

Based on record review, observation and interview, the facility failed to provide the consistent therapeutic diet which had been ordered by the health care provider for 1(#6) of 2 residents sampled for diets.

Findings included:

Record review on I/ of Resident #6's health assessment dated I/ revealed the health care provider had ordered a consistent (CCHO) therapeutic diet for Resident #6.

The resident was observed on I/ I/ at 12:20 p.m. in the dining a regular diet of mixed salad, turkey with gravy, sweet potatoes, green beans and having pudding for dessert.

The administrator confirmed on I/ at 12:25 p.m. that the facility only provides no concentrated sweets (NCS) and no added salt (NAS) therapeutic diets.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Albina Manor
820 15 Th Street N.
Saint Petersburg, FL 33705

RE: Biennial & **CCR# 2015012581**

Dear Administrator:

This letter reports the findings of a biennial state licensure survey and a complaint survey that were conducted on , 2016, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate 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 , 2016.** 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.

St. Petersburg Field Office
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Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

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 Cayfman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90