AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932639	01/20/2016
NAME OF PROVIDER OR SUPPLIER **GALLO HOUSE I, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **9110 STAR TRAIL** **NEW PORT RICHEY, FL 34654**	

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

0000 Initial Comments

Assisted Living Facility

A complaint investigation (CCR #2015011772) was conducted at Gallo House 1 on [illegible]. Gallo House 1 had deficiencies at the time of the investigation.

0025 Resident Care - Supervision

Based on record review and interview, the facility had not notified a physician after a resident had exhibited a significant change within 30 days of identifying said change occurring with respect to one of one resident sampled (#2) who had experienced a significant event. Findings include:

A resident file review during the investigation revealed that Resident #2 weighed 185 lbs. in [illegible], 2015, and by [illegible] 2015 weighed 157 lbs. This decrease represented about 15%, indicating a significant decline. Further review of the record found no documented evidence of the facility notifying the resident's health care provider regarding this weight loss and what possible interventions should be taken. A [illegible] weight was taken, changing the overall loss percentage by only 1%, thus with a net loss of 14% between [illegible] and [illegible]. Again, no documentation could be located with respect to notifying the physician about the resident's weight-related concerns. Interview with the administrator at 2:25pm on [illegible] indicated that "she claims to have told the doctor about all of this, but simply failed to chart it."

Class III

0026 Resident Care - Social & Leisure Activities

Based on observation and interview, the facility did not post an activities calendar, nor did it provide an ongoing activities program. Findings include:

During the tour of the facility conducted between 10:10am and 11:40am on [illegible], as well as throughout the remainder of the investigation, no formal activities calendar could be seen posted anywhere on the premises. Random resident interviews held between these same times revealed that the facility hadn't provided any structured or organized activities in a very long time. (during the previous ownership)Residents went on to say that all they have to do are a few games that are on the shelf or TV; nothing is offered in the way of outings, music, movie night, etc. A majority of these residents stated during these interviews that they would like it if the facility provided more group activities. Interview with the administrator at 2:30pm on [illegible] verified that "although she claims she had attempted on at least 1-2 occasions to do an activity with the residents, it was met with disinterest, and so she hadn't

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932639	01/20/2016
NAME OF PROVIDER OR SUPPLIER GALLO HOUSE I, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 9110 STAR TRAIL NEW PORT RICHEY, FL 34654	

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

subsequently focused on it as much.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility did not uphold the resident's right to live in a decent living environment with respect to 7 of 7 residents sampled (#1-7). Findings include:

During the facility tour conducted between 10:10am and 11:40am on / , the following was noted: a) the two gray couches located in the main living/TV badly marred with black discoloration, smudges, and assorted other filth; b) the lamp shade near one of these couches was extremely dusty in that it appeared to be brownish (when, in fact, the underying color was white); and c) the ground to the outdoor patio was strewn with cigarettes/cigarette butts all over, and in the direct vicinity of the sliding doors, there appeared to be a darkish, bubbly liquid in addition to the general debris. Interview with the administrator at 2pm on /_ / indicated that "they usually clean that night time". However, it appeared as though it hadn't been cleaned in a while.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Gallo House I, Inc.
9110 Star Trail
New Port Richey, FL 34654

RE: CCR #2015011772

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 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.

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

PRC/clt
Enclosure: State (5000-3547) Form
XG90