AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLE.
	AL11968614	02/18/2016
NAME OF PROVIDER OR SUPPLIER **LARRY'S FAMILY2 CARE ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8346 GARRISON CIR** **TAMPA, FL 33615**	

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

0000 Initial Comments

Assisted Living Facility

On , a biennial relicensure survey was conducted at Larry's Family 2 Care ALF. Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the health assessments for two of two residents sampled (#2; 4) did not contain all required information. Findings include:

A resident record review revealed that the 1823 health assessments for Residents #2 and 4 both lacked the actual date of the examination. Interview with the administrator at 1pm on provided no clarification.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview, the facility had not prominently posted all required information for resident use, nor had it appropriately explained under what circumstances the 45-day notice of termination requirement could be waived with respect to two of two resident contracts reviewed (#2; 4). Findings include:

During the facility tour from approximately 9:50am to 11:00am on , and throughout the remainder of the survey, no statewide toll-free telephone number of the Florida Hotline, 1 (800) 96- or 1 (800) 962-2873, could be seen anywhere on the premises. Interview with the administrator at 2:40pm on / indicated that "she wasn't sure where this posting was, and also wasn't sure where she could find another posting to replace it."

Resident record review found that the contracts for Residents #2 and #4 both stated that in addition to the resident exhibiting dangerous conduct harmful/offensive to other residents, "the facility could also discharge the resident without a 45-day notice in cases of non-payment, even after being given a written

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reminder." This is in direct conflict with the requirement; interview with the administrator at 2:45pm on provided no clarification.

Class III

0081 Training - Staff In-Service

Based on record review and interview, one of one care giver staff sampled (B) who had been employed at least 30 days had not received all the required training. Findings include:

A personnel record review during the survey revealed that Staff B (hired) had no documented evidence that she had been trained in the following areas: a) the facility's elopement policies/procedures; b) emergency procedures/evacuation training and incident reporting (major and adverse); and c) resident rights in an ALF. Interview with the administrator at 2pm on provided no explanation.

Class III

0090 Training -

Based on record review and interview, one of one caregiver staff sampled (B) who had been employed at least 30 days had not received official training in the facility's policies/procedures. Findings include:

A personnel file review during the survey indicated that Staff B, hired , had no formal documentation verifying that she had been officially trained regarding the facility's policies and procedures pertaining to /advance directives. Interview with the administrator at 2pm on provided no clear explanation regarding this omission.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Larry's Family2 Care ALF, LLC
8346 Garrison Cir
Tampa, FL 33615

Dear Administrator:

This letter reports the findings of a biennial 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,

Paul M Brown

FO/ Patricia Reid Caufman
Field Office Manager

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

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