AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932639	
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# 2016002624) was conducted at Gallo House I Assisted Living Facility on . The Gallo House I, Assisted Living Facility, had deficiencies at the time of the visit.

0078 Staffing Standards - Staff

Based on record review and interview the Assisted Living Facility failed to ensure 1 of 3 sampled employees (Employee C) submitted a statement from a health care provider that the employee is free from communicable within 30 days of employment.

Findings Included:

On 2015 a record review of Employee C ' s personnel file revealed Employee C ' s date of hire was , 2016. No evidence was located in Employee C ' s file that Employee C was free from communicable .
On , 2016 at 3:30 PM an interview was conducted with the Administrator. The Administrator stated she remembered that Employee C provided a communicable statement but she did not have a copy to provide.
On , 2016 at 4:00 PM an interview was conducted with Employee C. Employee C stated he remembered having a health screen for school. Employee C provided a health examination with no indication or statement that Employee C was free from communicable .

Class III

0079 Staffing Standards - Levels

Based on interview and record review, the Assisted Living Facility failed meet the required minimum staffing hours per week to ensure adequate resident supervision.

Findings included:

On , 2016 at 9:00 AM an entrance conference was conducted with Employee C. Employee C stated the facility resident census was 11.

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932639	03/16/2016
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)

On , 2016 a of the staffing hours for the week of , 2016 - , 2016 totaled 171.5 hours. A of the current week staffing hours dated , 2016 - , 2016 totaled 174.5 hours. The regulatory minimum is 212 hours per week.
On , 2016 at 3:00 PM an interview was conducted with the Administrator. The Administrator confirmed that the staffing schedule was accurate. The Administrator stated that she has been sick for the past 6 weeks and have been in and out of the facility and was unable to provide a of her personal hours.

Class III

0081 Training - Staff In-Service

Based on interview and record review the Assisted Living Facility failed to ensure 1 of 3 sampled employees (Employee C) received training on Resident Rights in an Assisted Living Facility, Reporting Major Incidents and Recognizing and Reporting , Neglect and .

Findings Included:

A review of Employee C personnel file revealed no evidence that Employee C received training on Resident Rights in an Assisted Living Facility, Reporting Major Incidents and Recognizing and Reporting Neglect and .
On , 2016 at 3:30 PM an interview was conducted with the Administrator. The Administrator stated she was sure that Employee C received the required trainings but could not provide verification.

Class III

0161 Records - Staff

Based on interview and record review the Assisted Living Facility failed to maintain 1 of 3 sampled employees (Employee B) personnel file with a valid card documenting the completion of First Aid training.

Findings Included:

A personnel file review of Employee B revealed no documentation that Employee B had First Aid training.
On , 2016 at 2:30 PM an interview was conducted with Employee B. Employee B stated that he had taken a First Aid course and his card should be in his personnel file.

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932639	03/16/2016
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)

On , 2016 at 3:00 PM an interview was conducted with the Administrator. The Administrator stated that Employee B had First Aid training and pointed out Employee B 's ( ) and Automated External Defibrillator ( ) training cards. The Administrator was unable to produce a First Aid card for Employee B.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on interview and record review the Assisted Living Facility failed to submit an adverse incident report within 1 day after the occurrence of an event that was reported to law enforcement for investigation for 1 of 3 (Resident #1) sampled residents.

Findings Included:

On , 2016 at 10:04 AM, an interview was conducted with Resident #2. Resident #2 reported that Resident #1 was raped at the facility by a visitor. Resident #2 reported that the Police did an investigation and forensics was at the facility taking pictures and asked him questions. Resident #2 stated the Police interviewed Resident #1 and took Resident #1 to the Police station.
On , 2016 at 10:24 AM, an interview was conducted with Resident #3. Resident #3 reported that the Police came to the facility regarding the of Resident #1 and set up an " investigation scene ".
On , 2016 at 11:24 AM an interview was conducted with the Administrator. The Administrator confirmed Resident #2 and Resident #3 ' s statements and stated she (Administrator) called the Police on 1, 2016 because Resident #1 said he was assaulted the night before (29. 2016). The Administrator stated the Police and the forensics unit arrived at the facility and spoke to her and the residents. The Administrator stated a detective is handling the case and the Police are still trying to locate the suspect. The Administrator admitted that she did not file an adverse incident report with the Agency stating she was waiting on reports from the Police because the Police told her that the act may have been consensual.
A record review of a Pasco County Sheriff Office Investigation report dated 1, 2016 at 9:30 AM revealed that the Pasco County Sheriff ' s Office conducted an investigation regarding a battery involving Resident #1.

Class III

Z815 Background Screening: Prohibited Offenses

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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)

Based on observation, interview and record review the Assisted Living Facility failed to ensure the required Level II background screening was completed and screening results were obtained for 1 of 3 (Employee C) sampled employees prior to allowing the employee to provide direct care services to residents and have access to resident personal property and living areas.

Findings Included:

On , 2016 Employee C was observed working alone in the facility between the hours of 9:00 AM and 3:30 PM. Employee C was observed preparing meals, interacting with the residents, cleaning and assisting residents with medications.
A record review of Employee C ' s personnel file revealed that Employee C was hired on , 2016. Employee C ' s personnel file contained no evidence that an eligible Level II background screen was conducted.
On , 2016 at 3:00 PM an interview was conducted with the Administrator. The Administrator stated Employee C showed her his background screen but she was unable to obtain a copy of the Level II background screen. During the same interview the Administrator also stated that the office was disorganized and she could not find Employee C ' s Level II background screen.
On , 2016 a review of the Agency for Health Care Administration background screening portal revealed Employee C ' s Level II background screening status as " screening in process " with a received date as , 2015.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR # 2016002624

Dear Administrator:

This letter reports the findings of a complaint 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.

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

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,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547