AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968659	03/16/2016
NAME OF PROVIDER OR SUPPLIER **OUR LADY OF CHARITY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **7603 WINGING WAY DR** **TAMPA, FL 33615**	

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

0000 Initial Comments

Assisted Living Facility

On , a change of ownership (CHOW) relicensure survey was conducted at Our Lady of Charity ALF. Deficient practice was identified during the survey.

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview, the contract for one of two residents sampled (#5) inappropriately itemized an additional reason for which it would be acceptable to waive the 45-days notice of termination of residency requirement. Findings include:

A review of resident files during the survey revealed that the residency agreement for Resident #5 contained a provision indicating that "the 45-day notice could also be waived/excluded under circumstances when the resident/responsible party have not paid...even after having received reminders from the facility." Interview with facility administration revealed that they understood this was out of compliance and that they had not yet amended all residency agreements since officially taking over in late 2015.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, one of three staff sampled (B) who had been employed at least 30 days had not had their ( ) status documented on an annual basis. Findings include:

A review of personnel records during the change of ownership survey revealed that Staff B, hired / /, had a evaluation from / / that had expired / /. Interview with facility administration at 11:40am on confirmed that no subsequent assessment had been obtained by Staff B.

Class III

0167 Resident Contracts

Based on record review and interview, one of two residents sampled (#4) had a contract that did not stipulate the monthly rate. Findings include:

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A review of resident files during the change of ownership survey indicated that Resident #4's contract did not contain the specific rate being charged. Rather, it referred to "SS # and LTC." However, it was unclear where this rate could be found. Interview with facility administration at 12:45pm on revealed that this pertained to the resident's social security payment and long term care benefit. Nonetheless, they provided no clarification why the specific rate (s) were not entered into the contract document.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Our Lady Of Charity ALF
7603 Winging Way Dr
Tampa, FL 33615

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) 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

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

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