STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968636	03/17/2016
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR LIVING AT NEW TAMPA, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14712 N 42ND ST TAMPA, FL 33613**	

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

0000 Initial Comments

Assisted Living Facility

Two complaint investigations (CCR# 2016001373 & CCR# 2015013356) were conducted at Angels Senior Living at New Tampa LLC on . Angels Senior Living at New Tampa had a deficiency at the time of the investigation.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure that 3 out of 5 (staff B, staff C and staff E) employees had documentation within 30 days of employment that the employee is free from ( ) or had a written statement from a healthcare provider documenting that the employee does not have any signs or symptoms of a communicable .

Findings included:

On a record review was conducted of the employee file for staff B. Staff B was hired on / . Staff B's file did not contain documentation of being free from or a written statement documenting not having any signs or symptoms of a communicable .
On a record review was conducted of the employee file for staff C. Staff C was hired on / . Staff C's file did not contain documentation of being free from or a written statement documenting not having any signs or symptoms of a communicable .
On a record review was conducted of the employee file for staff E. Staff E was hired on . The most recent documentation that Staff E was free from was dated .
On at 2:30pm an interview was conducted with the administrator. The administrator stated staff B, C and E were out of compliance for their testing and communicable statements.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Angels Senior Living at New Tampa, LLC
14712 N 42nd St
Tampa, FL 33613

RE: CCR# 2016001373 & CCR# 2015013356

Dear Administrator:

This letter reports the findings of two complaint surveys that were conducted on , 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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.

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Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-1161.

Sincerely,

Teresa Ryan RNC

for Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90