STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968775	04/11/2016
NAME OF PROVIDER OR SUPPLIER LA VIDA EN EL MAR ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6802 ROSEWOOD CT TAMPA, FL 33615	

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

0000 Initial Comments

Assisted Living Facility

A complaint survey (CCR# 2016003001) was conducted from / through / at La Vida En El Mar ALF Inc. Deficiencies were identified the day of survey.

0079 Staffing Standards - Levels

Based on interview, record review, and observation, the facility failed to maintain a written work schedule that accurately reflects its 24-hour staffing pattern for a specified period of time.

Findings included:

On at 9:18 AM a record review was conducted of the staffing schedule for the month of . The scheduled identified their employees by the letters A, B, C, and D. On , " A " (Staff A) was scheduled from 8:00 AM through 4:00 PM. " B " (Staff B) was scheduled from 4:00 PM through 12:00 PM. " C " (the Administrator) was scheduled from 12:00 PM through 8:00 AM. " D " (also the Administrator) was scheduled OFF.
On at 9:18 AM Staff A and the Administrator were observed working in the facility.
On at 10:30 AM Staff B was observed as she arrived at the facility and began assisting residents.
On at 11:05 AM Staff C was observed as she arrived at the facility and began preparing lunch. Staff C was not listed on the employee schedule.
On at 1:31 PM an interview was conducted with Staff B. Staff B stated she works two days on beginning at 8:00 AM. Staff B stated she remains working for 48 hours. Staff B stated she then has 48 hours off. Staff B stated she will be the only employee in the building overnight for the next two nights. Staff B stated the Administrator is not in the building.
On at 1:35 PM an interview was conducted with Staff A. Staff A stated she works Monday through Friday. Staff A stated she comes in " before breakfast " and stays through the end of lunch. Staff B stated she may go home for a few hours and then come back at dinner. Staff A stated she helps to clean up the dishes after dinner, then she goes home for the night. Staff A stated she assists with cooking, cleaning, and may assist with serving. Staff A does not provide any direct care to residents.

Class III

0092 Food Service - General Responsibilities

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968775	04/11/2016
NAME OF PROVIDER OR SUPPLIER **LA VIDA EN EL MAR ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6802 ROSEWOOD CT** **TAMPA, FL 33615**	

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

Based on observation and interview, the facility failed to ensure that 1 out of 4 staff (Staff B) performed her duties in a safe and sanitary manner.

Findings included:

On : at 11:20 AM an observation was conducted of Staff B as she placed her gloved hand inside the adult diaper of two separate residents to check and see if they required a change. Staff B stated they did not require a change and then returned to the kitchen area and continued cooking lunch without changing gloves.
On : at 11:25 AM an interview was conducted with Staff B. Staff B stated she normally changes her gloves after providing patient care and before returning to food preparation.

Class III

Z814 Background Screening Clearinghouse

Based on interview and record review, the facility failed to register and maintain the employment status of 4 out of 5 (Staff A, Staff B, and Staff C) sampled employees within the clearinghouse.

Findings included:

On : at 10:55 AM a review was conducted of the Agency for Healthcare Administration Care Provider Background Screening Clearinghouse. Staff A, Staff B, and Staff C were not located on the employee roster.
On : at 1:50 PM an interview was conducted with the Administrator. The Administrator stated he was not aware the roster had not been maintained.

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on interview and record review, the facility failed to ensure that 1 out of 4 (Staff C) sampled employees had a valid Level II background screening.

Findings included:

On : at 10:53 AM an observation was conducted of Staff C preparing food in the secondary dining area.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968775	**04/11/2016**
NAME OF PROVIDER OR SUPPLIER **LA VIDA EN EL MAR ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6802 ROSEWOOD CT** **TAMPA, FL 33615**	

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

On : at 10:55 AM a record review was conducted of the Agency for Healthcare Administration background screening website. Staff C was not located.
On : at 11:05 AM a record review was attempted of the employee file for Staff C. Staff C did not have an employee file.
On : an 11:05 AM an interview was conducted with the Administrator. The Administrator stated Staff C " helps out " at the facility with whatever needs done. The Administrator stated Staff C does have contact with residents. The Administrator stated Staff C had not had a Level II background screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
La Vida En El Mar ALF Inc.
6802 Rosewood Ct
Tampa, FL 33615

RE: CCR# 2016003001

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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90