AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932639	04/25/2016
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)

0000 Initial Comments

Assisted Living Facility

A complaint investigation (CCR# 2016002098) was conducted at Gallo House I on in conjunction with a revisit to complaint investigation (CCR# 2016002624) of / / . Gallo House I, Assisted Living Facility, had a deficiency at the time of the visit.

0025 Resident Care - Supervision

Based on interview and record review, the facility failed to show proof of notification of doctors and responsible parties for residents who were admitted to the hospital for 2(Resident #1 and Resident #3) of 3 records reviewed for proper notification.

Findings included:

A closed resident record review was conducted on . A review of Resident #1 ' s record showed an admission date of and a discharge date of . A review of Resident #1 ' s closed record also showed a document called Baycare EMR Facesheet- Morton Plant Northbay Hospital that had an admission date of . There was no documentation in the facility ' s Incident Log concerning the hospital admission or notification of Resident #1 ' s doctor or responsible party.

A review of Resident #3 ' s closed record showed that he was admitted to the facility on and discharged on . Resident #3's record also indicated that he was admitted to the Medical Center of Trinity on / / . The facility ' s Incident Log showed no documentation of the hospital admission or that the resident ' s doctor or responsible parties were notified. The record also showed that Resident #3 was admitted to Bayonet Point Regional Medical Center on / . Documentation in the Incident Log did not indicate that the resident ' s doctor or responsible parties were notified of his hospital admission.

The administrator was interviewed at 11:50 AM on and she stated that the facility does not document the Incident Log concerning notifications of doctors or responsible parties if residents leave the facility for medical emergencies.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: Revisit & **CCR# 2016002098**

Dear Administrator:

This letter reports the findings of a state licensure revisit survey and a complaint survey that were conducted on , 25, 2016, by representative(s) of this office.

Attached are the provider's copy of the Revisit Report, which indicates that the previously cited deficiency was corrected relative to the revisit, and the State (5000-3547) Form, which indicates the deficiency that was identified relative to the complaint survey. 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 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547