AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932424	05/11/2016
NAME OF PROVIDER OR SUPPLIER **CENTRAL ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2349 CENTRAL AVENUE** **SAINT PETERSBURG, FL 33713**	

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

0000 Initial Comments

Assisted Living Facility

Complaint investigations (CCR #2016002925 and #2016002724) were conducted at the Central ALF on / / . The Central ALF had deficiencies with respect to CCR #2016002925.

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview, two of two former residents sampled (#1; 2) had been provided with conflicting 45-day notifications of termination.

Findings include:

A review of closed resident records during the survey revealed a discharge notice for Resident #1. Further review of this document indicated that the reason for termination was "...because we will be fumigating and then renovating the facility. We have offered temporary housing which has been declined." Review of the record found an additional note stating "original letter given / (explaining the need for residents to leave the facility due to fumigation/remodeling) at which point she became non-compliant. She refused to pay rent, and she was then given a 45-day notice to evacuate / ." The fact that Resident #1 would not pay rent for , 2016 (in an apparent response to receiving the initial / notice of fumigation/remodeling) was further validated in an interview with the administrator at 2pm on / / , thus triggering the facility's discharge action.

Review of a second closed resident file found a discharge notification dated for Resident #2, stipulating the reason for the notice "because we will be fumigating and then renovating the facility. We have offered temporary housing which has been declined." Further review of the record found a / progress note indicating that "the PHP called to say (resident) had told them he had been evicted and had to be out of facility by tomorrow. Called (relative),...explained rent had not been paid for ,...he stated he should have been given notice. Informed him (resident) signed his own contract..." Further review of the record revealed both the general notification of the facility fumigation/renovation as well as the / discharge notice. However, this latter document indicated that the reason for the termination pertained to "facility fumigation/renovation." Again, the official reason for the termination decision (nonpayment of rent) did not match what had been documented previously in the record and what had been explained to this writer by the administrator during the same interview referred to above at 2pm on / / . Interview with the administrator at 2:45pm on / provided no

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clarification regarding these discrepancies.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility did not have a currently approved menu with portion sizes either on the menu itself or maintained separately.

Findings include:

Observation of the approved menu found a document that did not include portion/serving sizes. Although the facility had some master copies of separate sheets containing serving/portion sizes, these did not account for all cycles that had been approved. Interview with the administrator at 2:20pm on / confirmed that these documents were missing.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Central ALF
2349 Central Avenue
Saint Petersburg, FL 33713

RE: CCR #2016002925 & 2016002724

Dear Administrator:

This letter reports the findings of two complaint state licensure surveys 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

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

PRC/clt
Enclosure: State (5000-3547) Form
XG90