STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	10/17/2016
NAME OF PROVIDER OR SUPPLIER **HERITAGE ALF, INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4406 N MELTON AVE** **TAMPA, FL 33614**	

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

0000 Initial Comments

Assisted Living Facility

On , 2016, two complaint surveys, (CCR# 2016009884 & CCR# 2016008898) were conducted at Heritage ALF, Inc. Deficiencies were identified during the visit.

(License # 7338)

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview the facility failed to have a written grievance procedure for receiving and responding to resident complaints.

Findings included:

An interview was conducted on / at 9:40am with the resident care coordinator who stated they do not have a grievance log. They stated they use verbal communication for complaints.

In review of the facility grievance policy and procedure on / , it stated the complaint and resolution of is to be documented.

Class III

L240 LMH - Licensing

Based on record review and interview the facility failed to obtain a limited mental health license while serving more than one mental health resident.

Findings included:

An interview was conducted with the resident care coordinator on at 9:40am. The resident care coordinator stated they currently have 21 residents who have a mental health condition diagnosed by a licensed medical professional and are receiving social security income (SSI), social security income (SSDI) and optional state supplement (.)

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

In review of 3 resident records, 3 of 3 (#1, #2, #3) records reviewed showed the residents have a mental health diagnosis on their health assessment form (1823) signed and dated by a licensed medical professional.

In review of 3 resident records, 3 of 3 (#1, #2, #3) records reviewed showed documentation that the residents are receiving social security income (SSI), social security income (SSDI) and optional state supplement ( ) payments.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Heritage ALF, Inc (The)
4406 N Melton Ave
Tampa, FL 33614

RE: CCR# 2016009884 & CCR# 2016008898

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 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.

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Youtube.com/AHCAFlorida
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SlideShare.net/AHCAFlorida

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