AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910160	**11/03/2016**
NAME OF PROVIDER OR SUPPLIER **AZALEA MANOR OF ST. PETERSBURG**	STREET ADDRESS, CITY, STATE, ZIP CODE **112 12TH AVENUE NORTH SAINT PETERSBURG, FL 33701**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

On 3, 2016, a biennial re-licensure survey was conducted at Azelea Manor of St Petersburg assisted living facility (lic# 5405). Deficient practice was identified during the survey.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have personal files which contained a written statement from a health care provider documenting that the direct care staff does not have any signs or symptoms of communicable for three (#A,#B & #C) of three direct care staff who were sampled for communicable .

Findings included:

Record review of staff A's personnel file on / revealed there was no statement from a health care provider which stated she was free of any signs or symptoms of communicable . Staff A was hired on .

Record review of staff B's personnel file on / revealed there was no statement from a health care provider which stated she was free of any signs or symptoms of communicable . Staff B was hired on / .

Record review of staff C's personnel file on / revealed there was no statement from a health care provider which stated she was free of any signs or symptoms of communicable . Staff C was hired on .

When interviewed on / at 2:00 p.m., the administrator verified the communicable statements for staff A, B, & C were not in their personnel files.

Class III

0093 Food Service - Dietary Standards

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on record review and interview, the facility failed to have all regular and therapeutic menus used by the facility reviewed annually by a Licensed or Registered Dietitian, a Licensed Nutritionist, or a Registered Dietetic Technician supervised by a Licensed or Registered Dietitian, or a Licensed Nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed.

Findings included:

Review on / of the monthly menu posted in the dining it was reviewed by a Licensed Dietitian on /. The review of the menus by the dietitian is to be done annually and should have been completed by /.

When interviewed on / at 2:15 p.m., the manager stated he thought it had been done in 2015.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Azalea Manor Of St. Petersburg
112 12th Avenue North
Saint Petersburg, FL 33701

Dear Administrator:

This letter reports the findings of a biennial state licensure 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.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Teresa Ryan, RNC** at (727) 552-2000.

Sincerely,

Teresa Ryan RNC

Patricia Reid Kaufman
Field Office Manager

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

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