AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932639	R 01/03/2017
NAME OF PROVIDER OR SUPPLIER **DIVINE GALLO HOUSE ALF**	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

An unannounced 2nd revisit survey was conducted on / / at Devine Gallo House ALF in New Port Richey, Florida This was a follow up to a revisit to complaint surveys, (CCR# 2016010301 & CCR# 2016008027) survey completed on and .

Uncorrected deficiencies were identified at the time of the visit. (License #6665)

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview the facility failed to ensure on going activities for 12 of 12 residents.

Finding included:

On / / during the tour of the facility an observation of residents were observed sitting in the common area watching games shows. One resident was sleeping in the chair in front of the television. The activity calendar stated games and puzzles all day.
The calendar did not have the time or a specific activity that was planned. The residents walk around, go outside and smoke, come back inside and watch television. One resident stated she reads when her case worker comes to see her they go to shopping and the case worker comes back to the facility she lets the resident read to her.

Uncorrected deficiency

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on interview and record review the facility failed ensure that one person on each shift has completed the coures in First Aide and . A valid card documenting completion must be in the facility at all times.

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Findings included:

The staffing schedule has employee E working alone on the third shift from 11:00 PM to 7:00 AM. the facility was cited for allowing the employee to work alone without the First Aid/CPR training. Staff #E First Aid/CPR certificate expired on 7/7/16. The administrator stated the staff has not completed the training and the facility does not meet requirements.

Uncorrected Deficiency

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Divine Gallo House ALF
9110 Star Trail
New Port Richey, FL 34654

Dear Administrator:

This letter reports the findings of a second state Licensure Revisit Survey conducted on 3, 2017, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2017.**

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

PRC/kpr

Enclosure: State (5000-3547) Form

YOSF

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