STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968793	01/13/2017
NAME OF PROVIDER OR SUPPLIER **NORTHDALE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4815 CENTERBROOK COURT** **NORTHDALE, FL 33624**	

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

0000 - Initial Comments

Assisted Living Facility

On / , a biennial relicensure survey was conducted at Northdale ALF (Lic. #12634). Deficient practice was identified during the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review and interview, the facility contract for one of two residents sampled with a complete agreement in place (#4) contained verbiage regarding the facility's 45-day discharge notice requirement.

Findings included:

A review of Resident #4's file during the / survey found a residency agreement that stipulated "the only exception to the 45-day termination notice requirement from the facility other than when the resident is violent/destructive, etc., is when the resident hasn't paid--even after 1-2 reminders." However, although inconvenient, this circumstance does not qualify as grounds for immediate discharge. Interview with the administrator at 11:45am on / indicated that she wasn't aware that an immediate termination was not possible under these circumstances.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, two of two staff sampled (A; B) who had been employed at least 30 days had not had their freedom from ( ) documented on an annual basis.

Findings included:

A personnel record review during the , 2017, survey revealed that the latest statement for Staff A (hired) had expired , while the latest for Staff B (hired) had expired .

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Interview with the administrator at 12:25pm on / provided no explanation for this discrepancy.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review, interview and observation, three of three staff sampled (A, B, C) who assisted residents with their medication self-administration and who had taken the initial 4 hr. training, had not obtained the 2 hours of continuing education in safe medication practices/related topics on an annual basis.

Findings included:

A review of the personnel files for Staff A, B, and C revealed the following:
Staff A completed a 2 hour medication-related update , Staff B obtained a medication update , and Staff C's latest update in safe medication practices/related areas was / . An interview with the administrator at 1:10pm on / provided no explanation as to why these employees were all out of date regarding this requirement.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review, and interview, the facility had not been maintaining a substitution log for more than the last 6 months.

Findings included:

At 11am on / , the facility's substitution log was requested but never furnished. Interview with the administrator and her husband (co-administrator) at this time indicated that no formal log was maintained by the facility. They stated that "whenever they substituted, they usually prepared a meal from another day of the month, and that they had been following this pattern for quite some time--mainly due to resident preference (s)." Although the facility had an "alternate menu" approved, it wasn't clear

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how often this menu was utilized and for what reasons. Finally, the planned noon meal on the day of the survey was chicken and pasta along with salad. Ground beef, sauce and rice was served instead, along with broccoli. Without surveyor intervention, this would not have been documented.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, one of two residents reviewed (#4) who had been at the facility at least 30 days had more than one contract.

Findings included:

A review of Resident #4's record during the , 2017 survey found both a) a respite contract signed / and b) a standard ALF contract signed / . Further review of the file revealed no subsequent clarification of either agreement--explaining whether the resident's needs would be addressed completely by one or the other. Interview with facility administration at 1:15pm on / indicated that "the resident was signed to two different contracts in order to provide as much flexibility in the provision of services as possible."

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Northdale ALF, Inc.
4815 Centerbrook Court
Northdale, FL 33624

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2017, 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 , 2017.** 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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
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Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

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

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90