

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968822	(X3) DATE SURVEY COMPLETED 05/09/2017
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING AT TAMPA	STREET ADDRESS, CITY, STATE, ZIP CODE 5130 KELLY RD TAMPA, FL 33634	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On 05/09/2017, a biennial re-licensure with limited nursing services (LNS) was conducted at Inspired Living at Tampa, Assisted Living Facility. A deficiency was identified at the time of the visit. (License # 12689) 0086 - Training - ADRD - 58A-5.0191(9) FAC Based on record review and interview, the facility failed to provide the required _____'s _____ and Related _____ (ADRD) four (4) hours of initial training within 3 months of employment for 1 (staff B) of 3 direct care staff who were sampled for ADRD training. Findings included: The facility staff who have regular contact with or provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Record review on _____ of the personnel record for staff B revealed she was hired to work in a secured memory care facility on _____. Staff B was supposed to have the initial 4 hour ADRD training class in _____, 2017 to be in compliance with the required training to be done within three (3) months of hire. The administrator stated on _____ at 1:00 pm the facility provided an initial 4 hour ADRD class in _____, 2017 but staff B did not attend the class. The facility also scheduled another initial 4 hour ADRD class in _____, 2017 but it was canceled by the facility. He stated staff B is scheduled to take the initial 4 hour ADRD training in _____, 2017. The administrator on _____ at 1:05 pm did verify staff B did not take the required 4 hour initial ADRD training within three (3) months of hire. Class III		

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