STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967152	**08/29/2017**
NAME OF PROVIDER OR SUPPLIER **MY MOM'S ALF WEST TAMPA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3204 WEST LEROY ST** **TAMPA, FL 33607**	

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

0000 - Initial Comments

Assited Living Facility

An unannounced Change of Ownership (CHOW) survey with Limited Mental Health (LMH) was conducted on at My Mom's ALF West Tampa, an Assisted Living Facility located in Tampa, Florida. There were deficiencies identified at the time of the visit.

(License # 11290)

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, and interview, the facility failed to ensure that the refrigeration unit used for medication storage had a locking mechanism.

Findings included:

While conducting facility tour, on at 09:05 p.m., a small refrigerator, located near the kitchen, used for medication storage was observed with no locking mechanism.

During interview with the Administrator and owner, on at 09:30 a.m., they confirmed that the refrigerator was used for medication storage and acknowledged that there was not locking mechanism.

Class III

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

Based on record review and interview, the facility failed to provide documentation of freedom from . . . . . ( ) for one (Owner) of four employees selected for record review.

Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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Record review revealed no indication that the Owner completed a examination, and that he works the night shift at the facility alone.

During interview with the owner, o at 11:12 a.m., he confirmed that he works night shift by himself and that he did not have documentation of reading or a communicable statement at the facility. He confirmed that his result was not completed.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain an updated employee roster in the Agency background-screening clearinghouse for four (Administrator, Owner, Staff A and Staff B) of four employees selected for record review.

Findings included:

Review of the AHCA Background Screening Clearinghouse Agency website revealed that the Owner, the Administrator, Staff A and Staff B were not listed employee roster for the provider.

During interview with the owner and Administrator, on . . . . . at 02:27 p.m., the Owner stated that they did not have access to update the employee roster to reflect current employees.

Unclassified