STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968659	**10/06/2017**
NAME OF PROVIDER OR SUPPLIER **OUR LADY OF CHARITY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **7603 WINGING WAY DR** **TAMPA, FL 33615**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2017, a biennial relicensure survey was conducted at Our Lady of Charity ALF, (Lic. #12530). Deficient practice was identified at the time of the visit.

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview, the administrator had not participated in the 12 hours of continuing education topics related to assisted living every 2 years.

Findings include:

A review of the administrator's personnel file during the relicensure survey found no documentation verifying that he had taken any continuing education hours over the last two (2) years. Interview with the administrator at 2pm on indicated that "he had taken the 12 hour update classes, but he was unable to locate the certification documentation." An administrator who has successfully completed core training but has not maintained the continuing education requirements will be considered a new administrator and must: 1) retake the assisted living facility core training; and 2) retake and pass the competency test.

Class III

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

Based on record review and interview, one of three staff sampled (A) did not have current First Aid certification and was scheduled to work in the facility alone.

Findings include:

A personnel record review during the survey revealed that the latest First Aid certification for Staff A (administrator) had expired . A review of the facility staffing schedule found that this

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968659	**10/06/2017**
NAME OF PROVIDER OR SUPPLIER **OUR LADY OF CHARITY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **7603 WINGING WAY DR** **TAMPA, FL 33615**	

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

individual was regularly scheduled to work the 3:30-11:30pm shift alone. Interview with the administrator and assistant administrator at 1:40pm on . . . . . provided no explanation for this discrepancy.

Class III