STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968284	**05/24/2018**
NAME OF PROVIDER OR SUPPLIER **DANIELLA'S LIFE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1910 W FERN ST** **TAMPA, FL 33604**	

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

0000 - Initial Comments

Assisted Living Facility

An biennial licensure survey was conducted on . . . . . at Daniella's Life Assisted Living Facility (ALF) (License #12212), an assisted living facility in Tampa, Florida. There were deficiencies identified at the time of visit.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to maintain an up-to-date admission and discharge log recording the admission and the discharge date, the reason for discharge, and where the resident was discharged for two (#6, and #7) of two identified former residents.

The Findings Included:

During interview with a Case Manager visiting the facility on . . . . . at 10:20 a.m., Resident #6 and Resident #7 were identified as residents of the facility.
Review of the Admission Discharge Log revealed that Resident #6 was discharged on . . . . . , and Resident #7 was not listed on the Admission discharge log.

On at 11:08 a.m., The Administrator and the Manager confirmed that Resident #7 was a resident for about one month, and stated that no records, to include a contract, were maintained.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to (1) produce and maintain any records for one (#4) resident; (2) ensure contract was reviewed and signed by resident or representative for two (#1 and #4) current residents and two (#6 and #7) discharged residents, and; (3) retain discharged resident's record for two years following departure for one (#7) of two discharged resident selected for record review.

Findings included:

During interview with a Case Manager visiting the facility on at 10:20 a.m., Resident #6 and

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Resident #7 were identified as residents.
On [redacted] at 11:25 a.m., a local Pharmacy delivered medication for Resident #7. Facility staff informed the delivery person that the resident was no longer at the facility.

On [redacted] at 12:18 p.m., the Manager provided partial records for discharged Resident #7, records which revealed that an assisted living contract was not signed by the resident or his established power of attorney. The facility only provided Medication Observation Record for [redacted] and [redacted] of 2018.

Record review, on [redacted] at 02:39 p.m., revealed Resident #4's contract was not signed by the resident, legal representative or a representative from the Facility. Administrator confirmed that Resident #4 has been at the Facility since [redacted] 2017, and stated that Resident #4's a legal guardian has not signed the contract.

Record review, on [redacted], revealed that Resident #1's contract was not signed by the resident, legal representative or a representative from the Facility. Record review also indicated that Resident #1 was alert and oriented.

On [redacted] at 04:26 p.m., the Administrator reviewed the contract and confirmed that Resident #1's contract was not signed.

Record review, on [redacted], revealed that discharged Resident #6's contract was not signed by the resident, legal representative or a representative from the Facility. The Administrator stated that Resident #6's contract was not completed because the son traveled a lot. The Administrator could not determine when Resident #6 was discharged but knew that it was after [redacted].

Class III