

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968659	(X3) DATE SURVEY COMPLETED 05/23/2018
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

A complaint survey (CCR#2018004265) was conducted on 05/23/2018 at Our Lady of Charity Assisted Living Facility (ALF) (License #12530), an Assisted Living Facility located in Tampa, Florida. There were deficiencies identified during the survey.

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 (#3, and #6) of four residents who resided at the facility and one (#4) adult day care participant.

The Findings Included:

A review of the admission and discharge log, conducted on 05/23/2018, revealed that the resident census was three.

During an interview with the Administrator, on 05/23/2018 at 9:32am, the Administrator confirmed that four residents resided at the facility and the facility also had one adult day care participant.

During an interview with the Administrator, on 05/23/2018 at 9:55am, the Administrator confirmed Resident #3 was not listed on the admission/discharge log.

During an interview with the Administrator, on 05/23/2018 at 9:55am, the Administrator identified Participant #4 as an adult day care participant, and confirmed that Participant #4 was not listed on the admission/discharge log. The Administrator confirmed that Resident #6 (discharged), was an assisted living resident for three months, and confirmed that Resident #6 was not listed on the admission/discharge log.

Class III

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

Based on record review and interview, the facility failed to maintain a contract and documentation of the

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION) existence of a Power of Attorney (POA) for one (#3) resident and one participant (#4) identified as adult daycare, selected for record review. Findings included: During Facility tour and throughout survey on _____, Participant #4 was observed at the Facility. At approximately 09:20 a.m., Staff A stated that Participant #4 was from another assisted living facility operated by the owner, but comes to the Facility because it is more social. During interview with the Administrator on _____, at 09:33 a.m. he stated that Participant #4 was a daycare participant at his other assisted living facility, and the daily routine was that the Participant #4's son brings her to the Facility, and staff transports Participant #4 to the other owned assisted living facility. The Administrator confirmed there was no record for Participant #4 at the facility. Review of the Facility's Admission/discharge log, on _____, revealed that Resident #3 and Participant #4 were not listed. On _____ at 09:55 a.m., the Administrator reviewed the Facility's Admission/Discharge Log and confirmed that residents were not listed. On _____ at 10:12 a.m., the Manager stated that Resident #3 was an assisted living resident that arrived on _____, with the intention of completing a contract on _____, "to make it official." Class III 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on record review and interview, the facility failed to submit a Comprehensive Emergency Management Plan (CEMP) to the local emergency management agency for review and approval. Findings included: Record review revealed no evidence of a County approval for the required Comprehensive Emergency Management Plan (CEMP). During interview with staff of the local county emergency management on _____ at 01:13 p.m., he stated that the Facility was deficient, and did not receive an approval for missing and incorrect documentation. He confirmed that the Facility was contacted on _____, and the Facility has not		

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responded. During interview with the Administrator, on at 01:18 p.m., the Administrator stated that the facility was working on approval of the Comprehensive Management Plan, but confirmed that that facility did not have any receipt or proof or delivered documents. Class III		