STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968661	**07/16/2018**
NAME OF PROVIDER OR SUPPLIER **LIVING WITH FRIENDS ALF II**	STREET ADDRESS, CITY, STATE, ZIP CODE **3405 N 12TH ST** **TAMPA, FL 33605**	

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

0000 - Initial Comments

Assisted Living Facility

A Biennial survey with Limited Mental Health was conducted at Living With Friends Assisted Living Facility II on . . . . Living With Friends Assisted Living Facility II had deficient practice identified at the time of the survey.
License: 12542

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on interview and record review, the facility failed to maintain the required documentation of a 2 hour update for assistance with self- administration of medication on an annual basis for 2 of 3 records reviewed.(The Administrator and Staff A)

Findings Included:

An employee record review was conducted on . . . . . It was discovered that the Administrator had no evidence of the required documentation of a 2 hour update for assistance with self- administration of medication on an annual basis in the personal file.

An employee record review was conducted on . . . . . It was discovered that Staff A had no evidence of the required documentation of a 2 hour update for assistance with self- administration of medication on an annual basis in the personal file.

An interview with the administrator was conducted on . . . . . 11:00 a.m. The administrator reviewed the employee files with the surveyor and confirmed the findings. The administrator stated, " I looked everywhere,I can not find them at this time."

The administrator stated that the she and Staff B currently assist residents with self- administration of medications.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **LIVING WITH FRIENDS ALF II**	STREET ADDRESS, CITY, STATE, ZIP CODE **3405 N 12TH ST TAMPA, FL 33605**	

SUMMARY STATEMENT OF DEFICIENCIES
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0160 - Records - Facility - 58A-5.024(1) FAC

Based on interview and record review, the facility failed to provide evidence of fire safety inspection reports issued by the local authority or the State Fire Marshal.

Findings included:

On review of facility records revealed no documentation of fire safety inspection reports issued by the local authority or the State Fire Marshal on file at this time.

On at 11:25 a.m. the administrator was asked for a copy of the most recent facility fire safety inspection report. The administrator did not provide documentation of a report upon request. The Administrator stated, "I don't know where it is, I don't have it."

No further documentation was provided prior to the end of the survey.

Class III

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility failed to submit an emergency management plan, to the local emergency management agency, for review and approval.

Findings included:

On review of facility records revealed no documentation of an approved certified emergency management plan in place at this time.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
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On at 11:13 a.m. the administrator was asked for a copy of the approval letter for the facility's emergency management plan from the local emergency management agency. The administrator did not provide any documentation of an approved plan. The office manager stated, "we don't have one approved yet, I don't have it."

No documentation was provided prior to the end of the survey.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure that two of three staff received the required 3 additional hours of continuing education for Limited Mental Health in-services training every two years.(The Administrator and Staff A)

Findings Included:

A review of the personnel records for the Administrator was conducted on 10: 50 a.m. It revealed that the last documented evidence of Limited Mental Health in-service training was completed on .

A review of the personnel records for Staff A was conducted on 11:03 a.m. It revealed that the last documented evidence of Limited Mental Health in-service training was completed on .

The Administrator reviewed both personnel files on at 11:00 a.m., No further information or documentation was provided to the the surveyor at this time.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **LIVING WITH FRIENDS ALF II**	STREET ADDRESS, CITY, STATE, ZIP CODE **3405 N 12TH ST** **TAMPA, FL 33605**	

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

Class III