

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910026	(X3) DATE SURVEY COMPLETED 08/06/2018
NAME OF PROVIDER OR SUPPLIER EVA'S HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 NORTH WOODROW AVENUE TAMPA, FL 33602	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A biennial survey was conducted on [redacted] at Eva's Home Care (License #5691), an assisted living facility located in Tampa, Florida. There were deficiencies identified during visit. 0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC Based on record review, and interview, that Facility failed to ensure that resident had a face-to-face medical examination by a health care provider at least every 3 years for one (Resident #1) of two selected for record review. Findings included: Record review for Resident #1, conducted on [redacted], revealed that the last health assessment was conducted on [redacted]. During interview with the Administrator and Staff A, on [redacted], at 10:37 a.m., they searched and confirmed that that Facility did not have a more recent health assessment for Resident #1. Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on record review and interview, the Facility failed to produce written evidence for notification of the Facility's comprehensive emergency management plan approval and implementation to residents and/or residents' legal representative for three of three residents who reside at the facility. Findings included: Record review, conducted on [redacted], revealed the Facility's comprehensive emergency management plan was reviewed and approved on [redacted] by the Hillsborough County Office of Emergency Management. There was no evidence that the facility notified the residents of the Facility's comprehensive emergency management plan approval and implementation. During interview with the Administrator and Staff A, on [redacted] at 01:12 p.m., Facility presented a		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/21/2018
FORM APPROVED

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Hillsborough County Health Department Shelter Evacuation Form completed by residents, which did not mention the Facility's comprehensive emergency management plan approval and implementation. The Administrator stated that residents were verbally informed of plan, but not in writing. Class III		