

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910002	(X3) DATE SURVEY COMPLETED R 08/31/2018
NAME OF PROVIDER OR SUPPLIER AGUILA ADULT CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 503 N. MATANZAS TAMPA, FL 33609	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A revisit to ... , abbreviated, biennial licensure survey was conducted on ... at AguilA Adult Care Center (License #7228), an assisted living facility in Tampa, Florida. There were deficiencies identified at the time of visit. 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on observation and interview, the facility failed to maintain a written work schedule that accurately reflected the direct care staffing pattern. Findings included: Upon Facility entry, on ... approximately at 09:35 a.m., Staff C was observed working in the kitchen. During Facility tour, Staff C stated that she is not a staff, and stated that she is a family member. Staff C refused to identify which resident she was related to. Administrator stated that Staff C was family member of unidentified former resident from 10 years ago who assisted with cleaning and cooking for three hours a day, for three days a week. Administrator stated that Staff C would not be on the Facility direct care staffing schedule. On ... , at 11:59 a.m., the Administrator confirmed that Facility had no Staff schedule, and stated that observed individual, Staff C, would not be on the direct care staffing schedule if she was able to find one. Class III 0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC Based on observation, interview and record review, the facility failed to maintain any personnel record and documentation of compliance with staff training for one employee (Staff C) observed working in the Facility kitchen. Findings included: Upon Facility entry, on ... approximately at 09:35 a.m., Staff C was observed working in the		

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kitchen. During Facility tour, Staff C stated that she is not a staff, and stated that she is a family member. Staff C refused to identify which resident she was related to. Administrator stated that Staff C was family member of unidentified former resident from ten years ago, who assisted with cleaning and cooking for three hours a day, for three days a week and had access to facility residents and resident living areas. . Administrator stated that she had the paper work for a level II background screening, but did not submit since Staff C was considered a volunteer. Administrator confirmed that Staff C would not be on the Facility direct care staffing schedule. During Administrator interview, Staff C left the Facility, and did not respond to any telephone calls by the Administrator. Class III		