

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965547	(X3) DATE SURVEY COMPLETED 09/06/2018
NAME OF PROVIDER OR SUPPLIER NICHT CORPORATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2907 NORTH BOULEVARD TAMPA, FL 33602	

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

0000 - Initial Comments

Assisted Living Facility

On 09/06/2018, an abbreviated biennial relicensure survey with Limited Mental Health services was conducted at the Micht Corp. Assisted Living Facility (ALF) (Lic. #9914). Deficient practice was identified during the survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, one of three staff sampled (A) had not had their () status evaluated on an annual basis.

Findings include:

A personnel file review during the inspection found that the latest examination for the administrator (A) had expired . Further review of the record found no evidence that any subsequent assessment had been obtained. Interview with the administrative designee at approximately 1:40pm on provided no explanation for this oversight.

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

Based on record review and interview, the facility did not have documentation of approval from the local emergency management agency regarding its emergency management plan.

Findings include:

During the inspection, the facility's latest documentation from the local emergency management agency found a letter verifying receipt of the facility's emergency management plan as of . Further administrative documentation review revealed no other materials from the agency nor subsequent notification verifying that the facility had approval of the plan. Interview with the administrative designee at 12:45pm on provided no explanation for this discrepancy.

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Class III L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC Based on record review and interview, one of two staff sampled who had worked at the facility at least 6 months (C) had not received required training for the Facility's limited mental health (LMH) specialty license. Findings include: A personnel record review of Staff C (hired as caregiver . . .) found no documentation verifying that any 6 hours of specialized training in working with individuals with mental health diagnoses provided or approved by the Department of Children and Families had been taken by this employee. Interview with the administrative designee at 1:30pm on . . . provided no clarification for this oversight. Class III		