

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968775	(X3) DATE SURVEY COMPLETED R 10/24/2018
NAME OF PROVIDER OR SUPPLIER LA VIDA EN EL MAR ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6802 ROSEWOOD CT TAMPA, FL 33615	

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

0000 - Initial Comments

Assisted Living Facility

On _____, _____ a revisit to _____. Complaint survey (CCR#2018001340) was conducted at La Vida En El Mar. The facility had deficiencies at the time of the visit.

(license #12627)

0080 - Training - Core & Competency Test - 429.52() FS; 58A-5.0191(1) FAC

Based on record review and interview the facility failed to ensure the Administrator on record completed the assisted living facility CORE training requirements within 3 months of becoming an Administrator.

Findings included:

During a review of the facility records on _____, they revealed the Administrator had a date of hire of _____.

During a review of the facility records on _____, they revealed documentation stating the Administrator was registered for the Assisted Living Facility Core Competency Test on _____.

During an interview with the Administrator on _____ at 9:36 AM, he stated, "I Took the CORE test on _____, I will bring the paperwork. It takes a couple of weeks to get the results but you only have to make a score of 75%."

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to ensure one of six sampled residents (#6) had a contract upon admission to the facility.

Findings included:

During a review of Resident #6's record on _____, it did not include a resident contract or documentation that one was offered at the time of admission (_____).

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During an interview with the Administrator on at 9:58 AM, he stated, "He does not have one yet. I was not here." Class III		