STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966307	**01/04/2019**
NAME OF PROVIDER OR SUPPLIER **HUDSON MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **115 EAST DAVIS BLVD** **TAMPA, FL 33606**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On , , , a biennial re-licensure survey was conducted at Hudson Manor Assisted Living Facility. There was deficient practice identified during the survey.

(License# 10528)

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on interview and record review the facility failed to ensure a staff member who holds a valid certification in First Aid and , , ( ) was in the facility at all times.

Finding Included:

A record review of Staff C's employee file revealed staff C currently works the 11:00 PM to 7: 00 AM work shift as a caregiver. Upon review, it was discovered Staff C's employee file did not show evidence of certification/training in First Aid and .

On at 2:08 PM, a review of the facility staffing scheduled for showed Staff C is currently on the staffing schedule for the 11:00 PM to 7:00 AM work shift.

On at 2:12 PM during a interview with the Marketing Director, the Marketing Director reviewed staff C's employee file and confirmed the findings. The Marketing Director stated, "I can't find anyone who currently works the 11:00 PM to 7:00 AM work shift that has a valid First Aid and training. I do not have the coverage for the overnight shift."

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review, observation and interview, the facility did not have all regular and therapeutic

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966307	01/04/2019
NAME OF PROVIDER OR SUPPLIER **HUDSON MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **115 EAST DAVIS BLVD** **TAMPA, FL 33606**	

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

menus to be used by the facility reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian to ensure the meals met the nutritional standards.

Findings included:

During the facility tour on between 9:30 am and 12:30 pm, the posted menu was observed to have been reviewed and signed off by a registered dietitian on .

The marketing director when interviewed on at 1:00 pm verified the menus had not been reviewed and signed annually by a registered dietician as required.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility did not implement their emergency power plan by , and the facility did not purchase any monoxide detectors.

Findings included:

During the facility tour on between 9:45 am and 12:30 pm, there no no monoxide detectors observed in the facility. The Marketing Director stated on at 1:15 pm that the monoxide detectors had not been purchased because the power plan had not been implemented.

Record review of the emergency power plan on revealed the plan was approved on . The facility did not apply for an extension until which was four and one-half months after the power plan was supposed to be implemented. The facility sent in the extension notification and asked for an extension until but the extension date for assisted living facilities was . There was no approval notice for the extension date. The facility had not implemented their power plan as of

The Marketing Director stated on at 1:20 pm that the emergency power plan had not been implemented by .

Class III