

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/15/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968398	(X3) DATE SURVEY COMPLETED 03/01/2019
NAME OF PROVIDER OR SUPPLIER SANTA LUCIA ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2706 WESTHIGH AVE TAMPA, FL 33614	

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

0000 - Initial Comments

Assisted Living Facility

On 03/01/2019, an abbreviated biennial relicensure survey was conducted at Santa Lucia Assisted Living Facility (ALF) (Lic. #12334).

At the time of the survey, the facility had deficient practice.

0081 - Training - Staff In-Service - 58A-5.0191() FAC

Based on record review and interview, one of two caregiver staff sampled (D) who had been employed at least 30 days had not received all the required training.

Findings included:

A personnel file review during the survey revealed that Staff D, hired , had no documentation verifying that she had taken the 2 hour pre-service orientation pertaining to resident rights and the facility's license type prior to working with residents. In addition, this individual was missing documented evidence that the following training had been provided/received: a) 1 hour of control; b) 3 hrs.-- assistance with activities of daily living (ADLs) and resident behavior and needs; c) 1 hr.--facility's elopement policy/procedure(s); d) 1 hr.--incident reporting and emergency protocols; e) 1 hr.--resident rights and recognizing/reporting resident , neglect and .

Interview with the administrator at 1:15pm on provided no clarification for these omissions.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interview, one of three staff sampled (D) who had been employed at least 30 days had not received the required one-time education course on and .

Findings include:

Personnel record review found that Staff D, hired , had no documentation verifying that this

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