

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967783	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/30/2020
NAME OF PROVIDER OR SUPPLIER SANCTUARY OF PEACE ALF LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7611 NORTH BOULEVARD STREET TAMPA, FL 33604		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
{A 000}	Initial Comments A revisit to a complaint investigation (complaint number 2019010634) in conjunction with a revisit to a monitoring visit was conducted at Sanctuary of Peace Assisted Living Facility on Deficiencies were identified at the time of survey.		{A 000}		
{A 031} SS=D	58A-5.0182(7) FAC 429.255(1)(b), FS Resident Care - Third Party Services 58A-5.0182 (7) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging,, and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , resident's needs. (c) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a		{A 031}		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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{A 031}	Continued From page 1 guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. 429.255(1)(b) All staff in facilities licensed under this part shall exercise their professional responsibility to observe residents, to document observations on the appropriate resident 's record, and to report the observations to the resident 's physician. However, the owner or administrator of the facility shall be responsible for determining that the resident receiving services is appropriate for residence in the facility. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have a third-party services policy requiring the third-party company to coordinate with the facility regarding the resident's condition and the services being provided. Findings included: An attempted record review conducted on revealed that the facility did not have a policy for third-party services to coordinate with the facility regarding the resident's condition and the services being provided. During an interview with the Administrator on at 12:12pm he stated, ""We were advised that we did not need policies for third-party services, that's only for 17 or more residents. We could go by the third party's policy.	{A 031}			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SANCTUARY OF PEACE ALF LLC

**7611 NORTH BOULEVARD STREET
TAMPA, FL 33604**

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{A 031}	Continued From page 2 " Class III	{A 031}		