

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 C 08/15/2024
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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**

(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)	(X5) COMPLETE DATE
A 000	Initial Comments A Re-licensure Survey in conjunction with a generator monitoring survey was conducted at Sanctuary of Peace ALF on . Deficiencies were identified at the time of survey.	A 000		
A 085 SS=D	59A-36.011(7) FAC Training - Nutrition & Food Service (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have the Administrator or the person responsible for food service obtain two hours of continuing education annually in topics pertinent to nutrition and food service in an assisted living facility. Findings included: A record review conducted on _____ the Administrator, with a date of hire of _____ did not include written documentation of 2 hours of continuing education annually in topics pertinent to nutrition and food service in an	A 085		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER SANCTUARY OF PEACE ALF LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7611 NORTH BOULEVARD STREET TAMPA, FL 33604		
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A 085	Continued From page 1 assisted living facility. During an interview conducted on _____ at 11:54am, the Administrator confirmed the lack of written documentation of two hours of continuing education. Class III	A 085			