

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/16/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967783	(X3) DATE SURVEY COMPLETED 07/08/2013
NAME OF PROVIDER OR SUPPLIER Sanctuary Of Peace Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 7611 North Boulevard Street Tampa, FL 33604	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
 St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
 St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
 St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
 St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013004601, was conducted on

The Sanctuary of Peace LLC, assisted living facility, had deficiencies at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC

Based upon record review and staff interview, the administrator failed to assess 1 (#4) of 3 residents for appropriateness upon admission.

Findings include:

A review of the record for resident #4 who was admitted on revealed the medical assessment on file dated noted that the resident required the administration of medications.

During interview with management, it was confirmed (approximately 3:30pm) that the facility did not employ the services of a licensed nurse. Further, during interview the administrator appeared to be unclear as to the definition of administration of medications although he did take the 4 hour medication training class on required by rule.

The administrator indicated that he will contact the health care provider for clarification of medication management.

Class III

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based upon record review & interview the facility failed to ensure that the resident health assessments were completed in entirety for 1 (#1) of 3 residents reviewed.

Findings include:

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1. A review of the closed record for resident #1 admitted on // , revealed the most current health assessment on file dated // was not completed in entirety. This assessment did not include directions by the health care practitioner for type of diet, method of medication management and whether the resident required assistance, supervision or was independent with activities of daily living.

The administrator acknowledged the information was lacking on the assessment and said (4:30pm) he would be sure to review future 1823's for completion.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based upon observation, record review and interview, the facility failed to ensure that residents are provided and encouraged to participate in an on-going activities program which are offered at least 6 days per week for not less than 12 hours per week.

Findings are.

Observation during tour on // of the activity calendar revealed it to note that activities of puzzles & music was to take place from 2pm-4pm on the day of this visit.

While at the facility from 11:30am until departing the premises at 4:30pm, no activities were observed. The residents were observed through out the visit on almost a constant basis. At no time during this visit was any attempt to engage residents in activities. 4 residents (#2 ,3, 4 & 6) sat in the living room watching TV while 1 (#5) resident stayed in their room.

During discussion with the administrator (4:30pm) he said that the reason activities were not conducted today was due to my visit. He also said that they do have activities for the residents almost daily and even take them out to eat.

However, his direct care staff was not involved in any survey activities and could have engaged the residents in activities.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based upon record review and staff interview the facility failed to ensure that contracts were properly executed upon admission for 1 (#1) of 3 residents.

Findings include:

A review of the records for resident #1, admitted on // revealed the resident health assessments (1823) dated // & // respectively indicated the resident required assistance with activities of daily living. A review of the record also failed to indicate that the residents weights were recorded on at least a semi-annual basis. The administrator verified he did not have this information on file during interview (approximately 4:30pm), he added that the previous administrator of record did not keep the required

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documentation up to date but he will ensure the information is maintained.

Class III

0167-Resident Contracts 58A-5.025(1) FAC

Based upon record review and staff interview, the facility failed to ensure that contracts were fully executed upon or prior to admission for 2 (#4 & 5) of 3 residents.

Findings are.

1. A review on of the records for resident #4, admitted on revealed the copy of the residency agreement on file was not completed, rather it was left blank. It did not include monthly rate and was not signed and dated by the resident and/or their representative.

2 A review of the record for resident #5 admitted on revealed the copy of the residency agreement on file was blank. It not dated and did not contain the monthly rate or signatures of the resident and/or responsible party.

Per interview (3:45pm) the administrator said he did not fill out the contracts since he was waiting to find out what benefits the residents would receive before determining the rates.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sanctuary of Peace LLC
7611 North Boulevard Street
Tampa, FL 33604

Dear Administrator:

Re: CCR# 2013004601

This letter reports the findings of a complaint survey that was conducted on , 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

FW

PRC/kpr

Enclosure: State (5000-3547) Form

