

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967783	(X3) DATE SURVEY COMPLETED 06/17/2014
NAME OF PROVIDER OR SUPPLIER Sanctuary Of Peace Alf Lic	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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
 St - A - 0081 - 58a-5.019(2) Fac - Training - Staff In-Service S-S= D
 St - A - 0083 - 58a-5.019(4) Fac - Training - First Aid And S-S= D
 St - A - 0084 - 58a-5.019(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey was conducted on

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

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that newly hired staff submitted a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including . The facility also failed to ensure annual documentation of freedom from . Failure to ensure that all staff are free from communicable (s) including places residents, employees, and facility visitors at risk of adverse medical consequences.

Findings include:

Three of three employee records randomly selected for review on at approximately 10:30am contained no evidence of newly hired staff having submitted within 30 days of hire a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including . Two of three employee records randomly selected for review contained no annual documentation of freedom from

Staff B was hired to provide direct resident care services on . Staff B's employee file did not contain a statement of freedom from signs or symptoms of a communicable including . Staff B's employee file also did not contain any evidence of initial testing.

Staff A was hired to provide direct resident care services on . Staff A's employee file contained evidence of testing on 1/ /--not based on an examination conducted within the previous six months of date of hire. As of record review, there was no evidence of annual testing due in 2013 & 2014.

Staff C was hired to provide direct resident care services on . Staff C's employee file contained evidence of testing on /--not based on an examination conducted within the previous six months of date

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967783	(X3) DATE SURVEY COMPLETED 06/17/2014
NAME OF PROVIDER OR SUPPLIER Sanctuary Of Peace Alf 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)		

of hire. As of record review, there was no evidence of annual testing due in 2013 & 2014.

Per interview conducted with the Administrator on at approximately 3:00pm, the Administrator acknowledged that he has not kept up with the requirements and that the files are missing the required documentation.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure that all staff who provides direct care to residents receives a minimum of 1 hour in-service training within 30 days of employment that covers the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation, a minimum of 1 hour in-service training within 30 days of employment that covers reporting major and adverse incidents, a minimum of minimum of 1 hour in-service training within 30 days of employment that covers residents' rights in an assisted living facility and recognizing and reporting resident, neglect, and, and 3 hours of in-service training within 30 days of employment that covers resident behavior and needs and providing assistance with the activities of daily living.

Findings include:

Three employee records were selected for review on beginning at approximately 10:30am. One of three employee records randomly selected for review contained no evidence of newly hired staff completing the required in-service training within 30 days of employment.

Per record review, Staff B was hired as a Resident Care Aide on. As of record review, there was no evidence of Staff B completing training in the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation, reporting major and adverse incidents, residents' rights in an assisted living facility and recognizing and reporting resident, neglect, and, and resident behavior and needs and providing assistance with the activities of daily living.

Per interview conducted with the Administrator on at approximately 3:00pm, the Administrator acknowledged that he has not kept up with the requirements and that the files are missing the required documentation.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on review of 3 personnel records and staff interview, the facility failed to ensure that 1 staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses is in the facility at all times.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967783	(X3) DATE SURVEY COMPLETED 06/17/2014
NAME OF PROVIDER OR SUPPLIER Sanctuary Of Peace Alf 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)		

Findings include:

One of three employee records randomly selected for review on at approximately 10:30am contained no evidence of current certification in First Aid and .

The Facility is licensed for 6 residents and has 5 in-house on . Per review of the facility ' s staff schedule, there is only one staff person (Staff B) on duty during the 2nd (3pm-11pm) shift.

Staff B was hired on to provide direct resident care services primarily on the 3pm-11pm shift. Staff B's employee file contained no evidence of training or current certification in First Aid and .

Per interview with the facility Administrator on at approximately 11:00am, there is only one staff person in the facility during the 2nd (3pm-11pm) shift.

Per interview conducted with the Administrator on at approximately 3:00pm, the Administrator acknowledged that he has not kept up with the requirements and that Staff B has not yet gone for training or certification in First Aid and .

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that 2 of 3 staff who provide residents assistance with self-administration of medications have obtained a minimum of 2 hours of continuing education training, annually, on providing assistance with self-administered medications and safe medication practices in an assisted living facility. Providing assistance with self-administration of medications without completing the required trainings puts residents at risk of adverse medical consequences.

Findings include:

Two of three employee records selected for review on at approximately 10:30am contained no evidence of the required minimum of 2 hours training annually in providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Staff A was hired on to provide direct resident care services including assisting residents with self-administration of medications. Staff A's employee file contained evidence of completion of the initial 4-hour training on providing assistance with self-administration of medications on . As of record review, there was no there was evidence of completion of the required minimum of 2 hours training annually.

Staff C was hired on to provide direct resident care services including assisting residents with self-administration of medications. Staff C's employee file contained evidence of completion of the initial 4-hour training on providing assistance with self-administration of medications on . As of record review, there was no there was evidence of completion of the required minimum of 2 hours training annually.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967783	(X3) DATE SURVEY COMPLETED 06/17/2014
NAME OF PROVIDER OR SUPPLIER Sanctuary Of Peace Alf 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)		

Per interview conducted with the Administrator on _____ at approximately 3:00pm, the Administrator acknowledged that both Staff A & Staff C are responsible for assisting residents with self-administration of medications. The Administrator acknowledged that he has not kept up with the requirements and that the files are missing the required documentation.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2014

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

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on January 14, 2014, by representative(s) 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,


Patricia Reid Cautman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

