

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968270	(X3) DATE SURVEY COMPLETED 06/17/2014
NAME OF PROVIDER OR SUPPLIER Serenity Home Of Tampa Alf, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 6013 Cresthill Dr Tampa, FL 33615	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure Survey was conducted on

The Serenity Home of Tampa ALF, LLC had deficiencies at the time of the visit.

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

Based upon review of the facility work schedule & review of personnel records, 1 (A) of 3 staff scheduled to work on duty alone did not have & 1st aid certification.

Findings include:

A review of the personnel record for staff A (administrator) revealed his & 1st Aid certification has expired on . This staff works both the 3-11pm & 11pm-7am shifts alone when needed.

Class III

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

Based upon record review & staff interview, 1 (A) of 3 staff responsible for the supervision of residents self administered medications has not attended a 2 hour update within the past year.

Findings include:

A review of the personnel record for staff A (administrator) revealed his last in service related to supervision of residents medications was dated

During an interview (approximately 2:30 p.m.) the administrator indicated he would schedule a training update within the next week.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Serenity Home of Tampa ALF, LLC
6013 Cresthill Dr
Tampa, FL 33615

Dear Administrator:

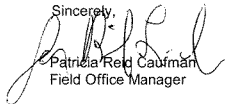
This letter reports the findings of a biennial state licensure survey that was conducted on
, 2014, by representative(s) of this office.

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 Kaufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

