STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964399	11/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Georgia's Place	2101 7th Street, South Saint Petersburg, FL 33705	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And Cpr S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

A complaint survey, CCR #2014007950, was conducted on .

gia's Place, assisted iving facility, had deficiencies identified at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview, the facility did not maintain awareness of the whereabouts of at least one (1) resident sampled (#5) at all times.

Findings Include:

A review of administrative records during the found an incident report describing an event where Resident #5 "was left behind at the pizza establishment. He was in the rest room vehicles left to go back to the facility..." In an interview with the administrator at approximately 1:45pm on explained that "the staff person driving the car in which this resident had arrived in apparently thought the resident was intending to visit friends/relatives at the nearby nursing home." Upon further questioning, this had not been verified by the administrator and had only been "mentioned to the driver casually in passing by the resident that he was thinking of visiting someone in the nursing home, etc." According to the administrator, no formal arrangements had been made to ensure that the resident a) be given a cell phone to contact the staff, facility, etc., in case he needed to; b) knew what buses, cabs to use to make it back to the facility; c) could, in fact, independently negotiate the community to achieve #b. A deficiency related to the facility having an insufficient system/backup system with respect to transporting residents to outings/other functions, as well as lack of staff awareness of residents' abilities to negotiate the community as they pertain to a given social function or outing.

Class III

0083-Training - First Aid and CPR)191(4) FAC

Based on record review and interview, three of three staff sampled (A-C) had not obtained current First Aid certification.

Findings Include:

A review of personnel records for Staff A, B, and C (hired 1997, 1/ 3/(during the 11/ revealed that the First Aid certificates had expired 3/ Staff A, and 4/ both Staff B and C. Interview with the administrator at approximately 12:15pm on that none of these employees had renewed their First Aid classes subsequent to these expiration dates.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964399	11/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0160-Records - Facility 58A-5.024(1) FAC

Based on observation and interview, the facility did not maintain all of its records in a manner that made them readily available at the licensee's physical address for review by the Agency.

Findings include:

At approximately 9:00am on facility records/files were requested but not immediately furnished to the Agency. Upon questioning, the staff person in charge stated that "the administrator kept those files locked up in her office and that he was not able to gain access to them until she arrived."
This included personnel records, the admission and discharge log, and facility incident reports. Said documentation was inaccessible until the administrator arrived at the facility at approximately 9:40am.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview, the facility failed to ensure that one of three staff sampled (#3) had undergone Level 2 background screening.

Findings Include:

A review of employee files during the 11 found that although Staff #3 (hired 3/(a Level I screening from 3/(review of this individual's record found no documentation verifying that a Level II background screening had been completed/initiated. Interview with the administrator at approximately 1:30pm on that "she had not yet finalized a background screening on Staff #3.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Georgia's Place
2101 7th Street, South
Saint Petersburg, FL 33705

RE: CCR #2014007950

Dear Administrator:

This letter reports the findings of a complaint 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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547)

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