

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967783	(X3) DATE SURVEY COMPLETED 05/11/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

ASSISTED LIVING FACILITY

On 05/11/2016 a biennial re-licensure survey was conducted at Sanctuary of Peace. Deficient practice was identified during the survey.

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on interview and record review, the facility failed to ensure that all unlicensed staff that assist residents with self-administration of medication received an annual, 2 hours of continuing education (Med Tech Update) on providing assistance and safe medications practices in an assisted living facility for 1 (Administrator) of 4 employee records reviewed.

Findings included:

A review of employee records was conducted on 05/11/2016. A review of the administrator's record showed that his last Med Tech Update was completed on 05/11/2016. The administrator indicated that he assisted residents with self-administration of medication.

The administrator was interviewed at 2:17 PM on 05/11/2016. He acknowledged the out of date Med Tech Update and stated that he will be attending a training shortly.

Class III

Z814 Background Screening Clearinghouse

Based on interview and record review, the facility failed to maintain the employment status of all employees within the background screening clearinghouse (Clearinghouse) within 10 business days of initial employment status, for 4 (Administrator, Staff A, Staff B, and Staff C) of 4 employees reviewed.

Findings included:

A review of the facility's employee roster in the Clearinghouse at 10:30 AM on 05/11/2016 revealed that the administrator, Staff A, Staff B, and Staff C were not listed.

A review of employee records on 05/11/2016 showed that Administrator had a date of hire of 05/11/2016, Staff A had a date of hire of 05/11/2016, Staff B had a date of hire of 05/11/2016, and Staff C had a date of hire of 05/11/2016.

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PRINTED: 05/26/2016
FORM APPROVED

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An interview was conducted with the administrator at 11:11 AM on 5/11/2016 concerning the missing entries on the facility's employee roster in the Clearinghouse. The administrator stated that unfortunately, it wasn't up-to-date.

Unclassified



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

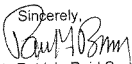
Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on
, 2016 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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