

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/15/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968270	(X3) DATE SURVEY COMPLETED 05/31/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

On 5/15/16, a biennial relicensure survey was conducted at Serenity Home of Tampa ALF (Lic. #12218). Serenity Home of Tampa ALF, LLC had deficient practice identified at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, the health assessment for one of two residents sampled (#4) did not contain all required elements of information.

Findings included:

A review of Resident #4's 1823 from 1/15/16 during the investigation revealed an 1823 document that was missing the following information:

- a) an evaluation of whether the individual would require any assistance with the administration of medication and
- b) the address and telephone number of the examining health care professional.

An interview with the facility manager at 2pm on 5/15/16 confirmed that the assessment was missing this information and that no subsequent evaluation had been obtained.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and staff interview, the facility was inappropriately implementing half-bed rails with respect to one of one resident sampled (#4) with said rails in place.

Findings included:

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During the facility tour at 10:40am on / / , half-bed rails were noted to be attached to the bed of Resident #4. However, this individual only spoke Spanish, so it was not possible for this writer to ascertain whether he was alert enough to remove/avoid said rails without assistance. A review of Resident #4's file found that the latest physician's order for these bed rails was from / / , a year longer than the annual requirement for said devices to be reevaluated.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, one of three staff sampled (C) did not have an evaluation from a health care provider attesting to her freedom from communicable / / including / / based on an examination within the last 6 months.

Findings included:

A personnel file review during the / / survey revealed that Staff C, hired / / , had no freedom from communicable / / statement including / / from a health care provider. Interview with facility administration at 2:30pm on / / provided no clarification.

Class III

0080 Training - Core & Competency Test

Based on record review and interview, the administrator (A) had not obtained the full 12 hours of continuing credit hours over the last two years.

Findings included:

A review of the administrator's personnel file during the / / survey indicated that he had completed only four (4) continuing credit hours towards his 12 minimum hour total over the last 2 year period. An

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interview with the manager at 2:15p.m. on / / provided no clarification for this discrepancy.

Class III

0081 Training - Staff In-Service

Based on record review, observation and interview, one of one direct care staff sampled (C) had not received all required training within 30 days of employment.

Findings included:

A review of Staff C's personnel record revealed that she had been hired but had not yet received the 1 hour food handling training. This individual was observed during the survey preparing the noon-time meal for the residents. Interview with the facility manager at 2:40pm on / / provided no clarification for this discrepancy.

Class III

0093 Food Service - Dietary Standards

Based on observation, record review and interview, the facility did not meet the nutritional needs of all of its residents.

Findings included:

At 12:10pm during the lunch meal, the following was observed:

- a) The meal consisted of chicken, mixed vegetables, sweet potatoes, canned peaches and juice. A review of the corresponding menu for this date found the same items with the addition of "mixed salad." Interview with the facility manager at this time indicated that his staff "thought the mixed vegetables were a sufficient substitute for the salad, thus not making it necessary to prepare/serve the salad."; and

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b) only 2 substitution entries from ... and ... were noted/available. Upon asking to see the rest of the substitution logs, the administrator stated that "these were not kept in the facility, but were maintained offsite at his office/elsewhere." Class III		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 1, 2016

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

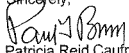
Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on January 1, 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 January 15, 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,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr
Enclosure: State Form 5000-3547

XG90

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