STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968588	**02/12/2018**
NAME OF PROVIDER OR SUPPLIER **GRACE HOUSE OF TAMPA**	STREET ADDRESS, CITY, STATE, ZIP CODE **13315 ORANGE GROVE DR** **TAMPA, FL 33618**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

On , a biennial relicensure survey was conducted at Grace House of Tampa (Lic. #12472). Deficient practice was identified during the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the health assessment for one of two residents sampled (#2) was incomplete.

Findings include:

A resident record review during the survey revealed that the health assessment for Resident #2 (admitted to the facility)that had been entered on the AHCA 1823 form had not been dated and it had not addressed what type of diet order this individual was supposed to be receiving. Interview with the administrator at 1:20pm on provided no clarification for this discrepancy.

Class III

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

Based on record review and interview, the facility had not obtained written statements of freedom of communicable from a health care provider with respect to three of three staff sampled (A-C).

Findings include:

A review of personnel files during the survey indicated that Staff A, B, and C (hired 2014, , and , respectively) had ( ) evaluations that were current through . However, further review of these records found no formal statements from a health care provider (ARNP; physician; physician's assistant) attesting to each employee's freedom from other communicable . Interview with the administrator at 1:30pm on revealed that "she wasn't clear about this regulation."

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Class III