

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967351	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/18/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

TORIA'S ASSISTED LIVING FACILITY I

**2073 BALFOUR CIRCLE
TAMPA, FL 33619**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An abbreviated biennial re-licensure survey was conducted at Toria's Assisted Living Facility 1 on . The provider had deficiencies at the time of this visit.	A 000		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011() FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in in-service training relevant to their job duties as specified by agency rule of the agency. Topics covered during the preservice orientation are not required to be repeated during in-service training. A single certificate of completion that covers all required in-service training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection	A 081		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER TORIA'S ASSISTED LIVING FACILITY I			STREET ADDRESS, CITY, STATE, ZIP CODE 2073 BALFOUR CIRCLE TAMPA, FL 33619		
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A 081	Continued From page 1 (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in _____ control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its _____ control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to _____ borne _____, may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to	A 081			

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A 081	Continued From page 2 emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility	A 081		

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A 081	Continued From page 3 failed to have 2 (Staff B and Staff C) of 3 staff who had not taken the preservice orientation and control training before they started working with the residents and were on the staffing schedule. Finding included: Record review on _____ of Staff B and Staff C's personnel file revealed Staff B was hired on _____ and Staff C was hired on _____. There were no preservice orientation training certificates or control training certificates in Staff B or Staff C's files. The staff usually have thirty (30) days of hire to complete most of their training but the preservice orientation training and the control training must be done before interacting with the residents. Record review on _____ of the staffing schedule showed Staff B working from 5:00 pm on Wednesdays to 5:00 pm on Fridays. Staff C worked from 5:00 pm on Fridays to 5:00 pm on Mondays. The Program Manager when interviewed on _____ at 1:10 pm confirmed the training certificates for preservice orientation and control were not in Staff B and Staff C's personnel files. She also confirmed Staff B and Staff C were on the staffing schedule and had been interacting with the residents. Class III	A 081			
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND _____. A staff member who	A 083			

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A 083	Continued From page 4 has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that a staff member who has a valid, current card documenting completion of first aid courses was in the facility at all times and that a staff member who has a valid, current card documenting completion of was in the facility at all times for 2 of 3 (Staff B and Staff C) whose records were reviewed for /First aid training. Findings included: A record review conducted on 11/18/2020 for Staff B, with a date of hire of as a Medication Technician, revealed that Staff B's record did not include written documentation of a valid, current card documenting completion of	A 083		

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A 083	Continued From page 5 first aid courses and did not include written documentation of a valid, current card documenting completion of . . . training. A record review conducted on 11/18/2020 for Staff C, with a date of hire of . . . as a Medication Technician, revealed that Staff C's record did not include written documentation of a valid, current card documenting completion of first aid courses and did not include written documentation of a valid, current card documenting completion of . . . training. A record review conducted on 11/18/20 of the staffing schedule revealed Staff B was working by herself from 5:00 pm on Wednesdays to 5:00 pm on Fridays. Staff C was working by herself from 5:00 pm on Fridays to 5:00 pm on Mondays. During an interview conducted on . . . at 1:00 pm the Program Manager confirmed the lack of written documentation of a valid, current card documenting completion of first aid courses and written documentation of a valid, current card documenting completion of . . . training and that the facility doesn't have a staff person certified in first Aid and . . . in the facility at all times. The Program Manager confirmed Staff B and Staff C both work by themselves during their shifts. Class III	A 083			
A 160 SS=D	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be	A 160			

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A 160	Continued From page 6 readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a _____; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of _____. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of	A 160			

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A 160	Continued From page 7 the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with _____'s _____ or related _____, a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health,	A 160		

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A 160	Continued From page 8 extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to have an up to date admission /discharge log which reflected the correct census. Findings included: During a tour of the facility on _____, there were four (4) residents observed in the facility. The Staff A also confirmed there were 4 residents at the facility on _____. A record review of the admission/discharge log on _____ revealed there were nine (9) residents without discharge dates making the census thirteen (13) not four (4). There were also nine (9) residents who had information such as reason for admission and placed discharged to that was missing from the log. The Program Manager confirmed on _____ at 1:10 pm that the admission/discharge log was not up to date. (photographic evidence included) Class III	A 160			