Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964871	A. BUILDING: _____ B. WING _____	R 03/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YETEY ALF	8602 N. 22ND STREET TAMPA, FL 33604

(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 A Revisit to a 1/26/2021 Biennial Survey in conjunction with a COVID-19 focused control survey was conducted at Yetey ALF on 03/03/2021. Deficiencies were identified at the time of survey.	{A 000}		
A 079 SS=J	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times	A 079		

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A 079	Continued From page 1 when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who 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 of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or	A 079		

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A 079	Continued From page 2 manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require	A 079		

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A 079	Continued From page 3 additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide 24-hour staffing for at risk residents. Specifically, the facility left 7 (Residents #1, #2, #3, #4, #5, #6 and #7) of 8 medically and	A 079		

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A 079	Continued From page 4 residents alone in the facility placing all residents at imminent risk of harm. Additionally, the facility placed all 8 (Residents #1, #2, #3, #4, #5, #6, #7 and #8) residents residing at the facility at risk by allowing an individual (Witness #1) to be in the facility and have access to residents' property and information without training, a Background Screening or having any demographic information about the individual. Findings Included: At approximately 10:20am on , Agency representatives visited the facility and Witness #1 answered the door. He stated that he was not a staff person but "that he lived at the facility." He indicated that the staff person in charge "had stepped out to the store a little while ago and would be shortly." Witness #1 contacted Staff A to inform him the Agency representatives were at the facility. During the tour of the facility conducted on . . . . . beginning at 10:30am, there were no staff observed in the facility and there were seven residents (Residents #1-#7) present. Agency representatives attempted to contact the Administrator via phone at 10:36am on . . . . . but were unsuccessful. Agency representatives attempted to contact the Owner via phone at 10:37am on but were unsuccessful. Staff A was observed walking into the door of the facility on at 10:38am. During an interview with Staff A conducted on	A 079		

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A 079	Continued From page 5 . . . . . at 10:38am, he stated that he worked two days at the licensed facility and three days at the sister facility. He stated "I went to the store to get some cigarettes. There is no excuse. I did not inform anyone I was leaving the facility. I know both of their [Owner and Administrator] numbers by . . . This was the first time I left the facility to run to the store." Upon further interview, Staff A stated the current census was eight (8) residents. Staff A stated Resident #8 was probably at an . . . . . and was unsure when Resident # 8 left. An interview was conducted with the Owner on . . . . . at 11:08am. He stated, "I was aware that Staff A stepped out to the store this morning, and I told him it would be ok." The Owner stated Witness #1 was not an employee, he lived in the area and will sometimes help around the house, and the residents are familiar with him. He further stated it rarely happens that staff must run out to the store. The Administrator was on her way to the facility when Staff A left. An interview was conducted with Resident #3 on at 11:25am. He stated that the residents had been left alone without staff once or twice in the past. Resident #3 stated he would not know what to do in case of an emergency and would run out of the facility. Record review was conducted on for Resident #3 revealed he was diagnosed with , Impulsive . . . . . A review of Residents #3's . . . . status revealed he had , memory and judgement. Resident #3 required assistance with self-administration with medications. An interview was conducted with Resident #2 at	A 079		

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A 079	Continued From page 6 11:30am on . He stated if an emergency happened and there was no staff present, he would not know what to do. Record review was conducted on for Resident #2 revealed he was diagnosed with , , , and Atherosclerotic . Review of Resident #2's status revealed he has , memory and Judgement. Resident #2 required assistance with self-administration with medications. An attempted interview was conducted on at 11:30am with Resident #7. He walked away and did not answer any questions. Resident #7 was observed to be tense and distracted. Record review, conducted on for Resident #7, found he was diagnosed , , ( ), Degenerative Disc of , and required medication administration. During an interview with Resident #6 on at 12:25pm stated, he stated that Witness #1 fixed things around the facility. He also stated he would not know what to do in case of an emergency except maybe call 911. Record review, conducted on for Resident #6, found he was diagnosed with , Hypocalcemia, and required assistance with self-administration with medications. Interview was conducted with Resident #5 on at 12:25pm. He stated he believed	A 079		

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A 079	Continued From page 7 Witness #1 worked at the facility since he cooked for them sometimes. Record review, conducted on for Resident #5, found he was diagnosed with Disorganized , Impulse , Type 2 , and . Review of Resident #5's status revealed he had memory and judgement. Resident #5 required assistance with self-administration with medications. An interview was conducted with Resident #1 on at 12:27pm. He stated he thought Witness #1 was staff. He stated he was not sure what to do if there was an emergency. Record review, conducted on , for Resident #1 found he was diagnosed with , Type, , and , Resident #1 was an elopement risk and required assistance with self-administration with medications. An interview with Resident #4 was conducted on at 12:30pm. He stated Witness #1 comes by from time to time and sits around and watched television. He also stated if there was an emergency, he would contact a family member. Record review, conducted on for Resident #4, found he was diagnosed with , and Impulse . Review of Resident #4's status revealed he had memory and judgement. Resident #4 required assistance with self-administration with medications.	A 079		

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A 079	Continued From page 8 Record review of the sign in/out log, conducted on , revealed Resident #8 did not sign out. Record review, conducted on for Resident #8, found he was diagnosed with , . Resident #8 required assistance with self-administration with medications and supervision with self-care and eating. An interview was conducted on at 12:30pm with Staff A. He stated, "I stepped out around 9am, shortly after breakfast. [Witness #1] was in fact here." Staff A stated Witness #1 was the maintenance man who mows the lawn. An interview was conducted with the Owner on at 1:44pm. He stated he did not know Witness #1's last name. He did not have any information on him and did not know where Witness#1 lived. The Owner stated that Witness #1 came around from time to time and will cut the grass around the neighborhood. Upon questioning Witness #1's role within the facility, the Owner became agitated with the Agency representatives and became loud, stating "I know what you are trying to do, you are trying to get us in trouble, I am not going to change my story. I told you I don't know about [Witness #1], he cuts the grass, he does it all around the neighborhood. I know you are here to get us in trouble, that's what you do, that's what you are known for." An attempted record review was conducted on for Witness #1. There were no records, background screening, medical information, or any other identifying information for Witness #1. Class I	A 079		

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{AL241} SS=D	429.075( ); 59A-36.020(2) FAC LMH - Records 429.075 (3) A facility that has a limited mental health license must: (a) Have a copy of each mental health resident's community living support plan and the , agreement with the mental health care services provider or provide written evidence that a request for the community living support plan and the , agreement was sent to the Medicaid managed care plan or managing entity under contract with the Department of Children and Families within 72 hours after admission. The support plan and the agreement may be combined. (b) Have documentation provided by the department that each mental health resident has been assessed and determined to be able to live in the community in an assisted living facility that has a limited mental health license or provide written evidence that a request for documentation was sent to the department within 72 hours after admission. (c) Make the community living support plan available for inspection by the resident, the resident's legal guardian or health care surrogate, and other individuals who have a lawful basis for reviewing this document. (d) Assist the mental health resident in carrying out the activities identified in the resident's community living support plan. (4) A facility that has a limited mental health license may enter into a , agreement with a private mental health provider. For purposes of the limited mental health license, the private mental health provider may act as the case manager. 59A-36.020	{AL241}		

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{AL241}	Continued From page 10 (2) RECORDS. (a) A facility with a limited mental health license must maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents. The admission and discharge log required in rule 59A-36.015, F.A.C., satisfies this condition provided that all mental health residents are clearly identified. (b) Staff records must contain documentation that designated staff have completed limited mental health training as required by rule 59A-36.011, F.A.C. (c) Resident records must include: 1. Documentation, provided by a mental health care provider within 30 days of the resident's admission to the facility, that the resident is a mental health resident as defined in section 394.4574, F.S., and that the resident is receiving social security , or supplemental security income and as follows: a. An affirmative statement on the Alternate Care Certification for , ( ) form, CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-03988, that the resident is receiving SSI or SSDI due to a mental , b. Written verification provided by the Social Security Administration that the resident is receiving SSI or SSDI for a mental . Such verification may be acquired from the Social Security Administration upon obtaining a release from the resident permitting the Social Security Administration to provide such information, or c. A written statement from the resident's case manager or other mental health care provider that	{AL241}		

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{AL241}	Continued From page 11	{AL241}		

the resident is an adult with severe and persistent mental . The case manager or other mental health care provider must consider the following minimum criteria in making that determination:
(I) The resident is eligible for, is receiving, or has received mental health services within the last 5 years, or
(II) The resident has been diagnosed as having a severe or persistent mental .
2. An appropriate placement assessment provided by the resident's mental health care provider within 30 days of admission to the facility that the resident has been assessed and found appropriate for residence in an assisted living facility. Such assessment must be conducted by a psychiatrist, clinical psychologist, clinical social worker, , , nurse, or an individual supervised by one of these professionals.
a. Any of the following documentation that contains the name of the resident and the name, signature, date, and license number, if applicable, of the person making the assessment, meets this requirement:
(I) Completed Alternate Care Certification for , , , ( ) form, CF-ES Form 1006,
(II) Discharge Statement from a state mental hospital completed no more than 90 days before admission to the assisted living facility provided it contains a statement that the individual is appropriate to live in an assisted living facility, or
(III) Other signed statement that the resident has been assessed and found appropriate for residency in an assisted living facility.
b. A mental health resident returning to a facility from treatment in a hospital or crisis stabilization unit will not be considered a new admission and will not require a new assessment. However, a

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{AL241}	Continued From page 12	{AL241}		

break in a resident's residency that requires the facility to execute a new resident contract or admission agreement will be considered a new admission and the resident's mental health care provider must provide a new assessment.
3. A Community Living Support Plan. Each mental health resident and the resident's mental health case manager must, in consultation with the facility administrator, prepare a plan within 30 days of the resident's admission to the facility or within 30 days after receiving the appropriate placement assessment in paragraph (2)(c), whichever is later, that:
a. Includes the specific needs of the resident that must be met in order to enable the resident to live in the assisted living facility and the community,
b. Includes the clinical mental health services to be provided by the mental health care provider to help meet the resident's needs, and the frequency and duration of such services,
c. Includes any other services and activities to be provided by or arranged for by the mental health care provider or mental health case manager to meet the resident's needs, and the frequency and duration of such services and activities,
d. Includes the of the facility to facilitate and assist the resident in attending and arranging transportation to for the services and activities identified in the plan that have been provided or arranged for by the resident's mental health care provider or case manager,
e. Includes a description of other services to be provided or arranged by the facility,
f. Includes a list of factors pertinent to the care, safety, and welfare of the mental health resident and a description of the signs and symptoms to the resident that indicate the immediate need for professional mental health

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{AL241}	Continued From page 13 services, g. Is in writing and signed by the mental health resident, the resident's mental health case manager, and the assisted living facility administrator or manager and a copy placed in the resident's file. If the resident refuses to sign the plan, the resident's mental health case manager must add a statement that the resident was asked but refused to sign the plan, h. Is updated at least annually or if there is a significant change in the resident's behavioral health, i. [illegible] include the [illegible] Agreement described in subparagraph (2)(c)4. If included, the mental health care provider must also sign the plan; and, j. Must be available for inspection to those who have legal authority to review the document. 4. [illegible] Agreement. The mental health care provider for each mental health resident and the facility administrator or designee must prepare a written statement, within 30 days of the resident's admission to the facility or receipt of the resident's appropriate placement assessment, whichever is later. The statement: a. Provides procedures and directions for accessing emergency and after-hours care for the mental health resident. The provider must furnish the resident and the facility with the provider's 24-hour emergency crisis telephone number; b. Must be signed by the administrator or designee and the mental health care provider, or by a designated representative of a Medicaid prepaid health plan if the resident is on a plan and the plan provides behavioral health services in section 409.912, F.S.; c. [illegible] cover all mental health residents of the facility who are clients of the same provider; and,	{AL241}		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964871	A. BUILDING: _____ B. WING _____	R 03/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YETEY ALF	8602 N. 22ND STREET TAMPA, FL 33604

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{AL241}	Continued From page 14 d. , be included in the Community Living Support Plan described in subparagraph (2)(c)3. 5. Missing documentation will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the appropriate party. A documented request for such missing documentation made by the facility administrator within 72 hours of the resident's admission will be considered a good faith effort. The documented request must include the name, title, and phone number of the person to whom the request was made and must be kept in the resident's file. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the , agreement ( ) and community living support plan (CLSP) for one of two limited mental health (LMH) residents sampled (Resident #2) had been updated on an annual basis. Findings included: Review of the admission and discharge record during the revisit revealed that Resident #2 was an Limited Mental Helath resident. Review of this individual's file found that the latest and CLSP both had been formally signed off as of . Interview with the Owner at approximately 2:15pm on indicated that these were the most current , agreement and community living support plan on file. Class III	{AL241}		