STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910045	03/16/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hailes Boarding Home	1009 N Willow Tampa, FL 33607	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2015000750, was conducted on ...

Hailes Boarding Home, assisted living facility, had deficiencies at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, interview and record review, the facility failed to maintain an accurate Medication Observation Record (MOR), updated after each dose of prescribed medication was offered, for two of four sampled residents (Resident #2 and Resident #4).

Findings include:

During an interview with Staff E conducted at the facility on ... at 10:45 AM, Staff E stated the facility used an electronic medication observation record (EMOR) system and further stated that the facility had one hour to update the EMOR after staff assisted residents with self-administration of medication.

During a review of the EMOR for Resident #2 for ... and ..., it was noted that the spaces on the EMOR for all three dates were blank, with nothing in the boxes indicating whether the medications had been given or refused and no documentation indicating why the spaces were blank.

During a review of the EMOR for Resident #4 for ... and ..., it was noted that the spaces on the EMOR for all four dates (including the 8:00 AM medications for ... were blank, with nothing in the boxes on the EMOR indicating whether the medications had been given or refused and no documentation indicating why the spaces were blank.

During an observation of the packaged medications prescribed for Resident #2 at 10:55 AM on ..., it was observed that the medications for ... and ... had been popped out of the bubble pack and a count of the pills indicated no extra pills for Resident #2.

An observation of the packaged medications prescribed for Resident #4 on ... at 11:05 AM indicated that a new bubble package of medication had been started for Resident #4 on ... The medications for ... and the morning of ... had both been popped out of the package.

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During a follow-up interview with Staff E at 11:15 AM on . . , Staff E stated she didn ' t know where the empty medication package for Resident #4 was and stated " We always give them the medication. We just forgot to enter it. "

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation, interview and record review the facility failed to maintain an accurate written work schedule that reflects a 24 hour staffing pattern for a given time period.

Findings include:

1. Observation on , at 9:50am revealed that when the surveyors arrived no posted schedule was observed.

2. During an interview on , at 10:45am with the Owner, she confirmed the facility did not have any written work schedule for the staff.

3. Observation on . . at 9:50am revealed two employees (Staff B and Staff C) plus the owner working at the facility.

4. On . . . . . at 10:46 am the Owner was observed writing a schedule in which she hand wrote the hours for Staff A, B, C and D for week of . . The owner was not listed on the schedule.

5. Record Review on . . . . . of the Owner ' s hand written schedule confirmed total staffing for the week was 170 hours. Minimum standard staffing hours based on the resident census of 12 is 212 minimum staffing hours for the week. Owner stated she worked " whenever needed. "

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on observation, interview and record review, the facility failed to have four of five sampled employees (Staff B, C, D and E) complete the required Level II background screens verifying that they were free of disqualifying criminal offenses prior to having the staff work in the facility and have contact with the facility ' s residents or resident property and . . . .

Findings include:

On . . . . . at approximately 10:05 AM, during an interview with the facility ' s owner/Staff E, she stated that she sleeps at the facility and provides care to the residents " whenever needed " . She further stated she had assisted residents with self-administration on the date of the survey. Staff E stated she herself had never had a Level II background screen.

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Staff E went on to state that her daughter, Staff D, had completed CORE training and would be taking over as the administrator of the facility. Staff E stated that Staff D had been at the facility the night before and the morning of the survey providing care to residents. Staff E said she thought Staff D had completed a Level II background screen recently but no results were available yet.

Staff E further stated that Staff B worked at the facility daily and his primary responsibilities were maintenance, however, Staff E confirmed that Staff B had regular contact with residents throughout the day and went into resident . . .

On the date of the survey, , Staff E wrote out a staffing schedule upon request. The staffing schedule reflected Staff B, C and D listed as direct care staff of the facility.

A review of the employee file for Staff B revealed no evidence of a Level II background screen.

A review of the employee file for Staff C revealed a Level I background screen completed on 11 . . . . . and no evidence of a Level II background screen.

A review of the employee file for Staff D revealed a Level I background screen completed on . . . . . and no Level II background screen.

During a telephone interview with Staff D conducted on . . at 11:30 AM, she stated she works at the facility daily from 6:00 PM-6:00 AM as a caretaker and assists the residents, including assisting with medication.

On , e-mail correspondence with the Background Screening Unit confirmed there were no Level II background screens for Staff C or Staff D.

On , a review of the Background Screen website revealed no Level II background screen for Staff B, Staff C, Staff D or Staff E.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Hailes Boarding Home
1009 N Willow
Tampa, FL 33607

RE: CCR# 2015000750

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on ..... 16, 2015, 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. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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,

Teresa Ryan RNC

FO Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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