AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910045	R 12/03/2015

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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

On a revisit to complaint investigation (CCR #2015000750) was conducted on at Hailes Boarding Home Assisted Living Facility. Deficiencies were identified the day of survey.

0078 Staffing Standards - Staff

Based on interview and record review, the facility failed to ensure that 1 out of 6 (Staff E) sampled staff obtained a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The facility failed to ensure that 3 out 6 (Staff B, Staff C, and Staff F) provided evidence of a negative examination.

Findings Included:

On at 12:15 PM a record review was conducted of the employee file for Staff B. Staff B had a test dated . No annual update indicating freedom from was located.
On at 12:20 PM a record review was conducted of the employee file for Staff C. Staff C had a test dated . No annual update indicating freedom from was located.
On at 12:25 PM a record review was conducted of the employee file for Staff E. Staff E did not have the results to a test or a statement that she was free from communicable in her emplovee file.
On at 12:30 PM a record review was conducted of the employee file for Staff F. Staff F had a test dated . No annual update indicating freedom from was located.
On at 1:12 PM an interview was conducted with Staff G. Staff G stated Staff C had " probably not " had the annual update documenting that Staff C is free from . Staff G stated " We ' re all going to get it done this month. "
On at 1:12 PM an interview was conducted with Staff G. Staff G stated Staff E did not have a test or a statement showing she is free from communicable . Staff G stated Staff E would obtain it this month.
On at 1:12 PM an interview was conducted with Staff G. Staff G stated Staff F would receive her test this month.

Class III

0079 Staffing Standards - Levels

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Based on interview and record review, the facility failed to maintain an up-to-date written work schedule. Specifically, the facility was not able to verify the current number of hours worked by staff and therefore could not meet the required 212 hours per week as required for the facility ' s current census.

Findings included:

On at 11:56 AM an interview was conducted with Staff A regarding a written staff schedule. Staff A stated " we do not document our hours on a weekly basis. We do not write it down. Because we are a family business our tax attorney told us we do not have to keep track of hours unless we pay taxes. " Staff A provided a staff schedule for 2015 and stated it does not change.
On at 12:00 PM a record review was conducted of the facility staff schedule. The schedule read " 2015 " at the top. Staff C was observed on the schedule for working Monday through Friday from 8:00 AM - 5:00 PM. Staff C was not scheduled on either Saturday or Sunday. Staff F was observed on the schedule for working Monday through Friday from 11:30 AM - 4:30 PM, Saturday from 12:00 PM - 4:00 PM, and Sunday from 12:00 PM - 4:00 PM. (Photo 1)
On a continued interview was conducted with Staff A. Staff A stated the schedule was up to date and doesn ' t change. When asked if Staff F was working today, Staff A answered " she called out. " When asked if she documents that anywhere to maintain current hours, Staff A answered " No. " When asked if Staff C was working today, Staff A answered " No. " When asked if she had documented that anywhere to maintain current hours, Staff A answered " No. "
On at 2:57 PM an interview was conducted with Staff A. Staff A stated she was aware she is not able to provide the current number of staffing hours worked per week in the facility.
On at 11:34 AM an interview was conducted with Staff C. Staff C stated she only works approximately 8 hours per week at this time. Staff C stated at this time she only cooks dinner and provides the evening snack at the facility on Thursday and Sunday.
Class III

0081 Training - Staff In-Service

Based on interview and record review, The facility failed to ensure that 1 out of 7 sampled staff (Staff E) received a minimum of 1 hour in-service training within 30 days of employment in the following areas: control; reporting major incidents; reporting adverse incidents; facility emergency procedures; resident rights; and recognizing and reporting , neglect, and . The facility failed to ensure that 1 out of 7 sampled staff (Staff E) received a minimum of 3 hours of in-service training within 30 days of employment in the following areas: resident behavior and needs; and providing assistance with activities of daily living.

Findings Included:

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SUMMARY STATEMENT OF DEFICIENCIES
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On at a record review was conducted of the staffing schedule. Staff E was scheduled on Saturday and Sunday from 11:00 PM until 6:00 AM. Staff E was the only employee scheduled for several hours.
On at 12:15 PM a record review was conducted of the employee file for Staff E. Staff E had no training certificates in her employee file.
On at 1:17 PM an interview was conducted with Staff G. Staff G stated Staff E had been employed at the facility since 2015. Staff G was asked if Staff E had received any of the required training, and Staff G responded " No. " Staff G further stated " I am . I was under the impression trainings were only needed if direct contact with residents. "

Class III

0083 Training - First Aid and

Based on interview and record review, the facility failed to ensure that 1 out of 6 (Staff A) sampled staff who are left alone with residents have current First Aid and ( ) training.

Findings included:

On at 12:15 PM a record review was conducted of the employee file for Staff A. Staff A had received First Aid, , and training in 2011. The training expired 2013. Staff A had received on-line training in Basic First Aid on . The online training certificate stated it must be combined with a face-to-face verification of skills in order to receive the certification card. (Photo 2, Photo 3)
On at 2:57 PM an interview was conducted with Staff A. Staff A stated she had taken First Aid, and training through the Red Cross " last year. " Staff A did not have a date. Staff A was unable to provide the certification card. Staff A stated she had not had the basic first aid skills verified face-to-face. Staff A was further aware she was the only employee in the building and she did not have documentation of having the required First Aid and training.
Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, the facility failed to ensure that 1 out of 5 (Staff E) sampled staff received the initial 4 hours of training on assistance with self-administered medications, and 4 out of 5

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SUMMARY STATEMENT OF DEFICIENCIES
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(Staff A, Staff C, Staff G, and Staff F) sampled staff obtained the annual minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Findings included:

On at 12:15 PM a record review was conducted of the employee file for Staff A. Staff A had received 4 hours of training on " Assisting with Medications Performance " on . No training was located for the annual 2 hours of continuing education on providing assistance with self-administration of medications.
On at 12:20 PM a record review was conducted of the employee file for Staff C. Staff C had received 4 hours of training on " Assisting with Medications Performance " on . No training was located for the annual 2 hours of continuing education on providing assistance with self-administration of medications.
On at 12:25 PM a record review was conducted of the employee file for Staff E. Staff E had no documentation that she had successfully completed the initial 4 hour training on assistance with self-administered medications.
On at 12:30 PM a record review was conducted of the employee file for Staff F. Staff F had received 4 hours of training on " Assisting with Medications Performance " on . No training was located for the annual 2 hours of continuing education on providing assistance with self-administration of medications.
On at 12:35 PM a record review was conducted of the employee file for Staff G. Staff G had received 4 hours of training on " Assisting with Medications Performance " on . No training was located for the annual 2 hours of continuing education on providing assistance with self-administration of medications.
On at 1:15 PM an interview was conducted with Staff A. Staff A was questioned on whether or not she had received the 2 hour annual continuing education update on the assistance with self-administration of medication. Staff A stated " No, I did not. "
On at 1:17 PM an interview was conducted with Staff G. Staff G was questioned on whether or not she and the staff had received the 2 hour annual continuing education update on the assistance with self-administration of medication. Staff G stated " I ' m sure we got it. It must not be in there " indicating the employee files. Staff G was unable to locate the trainings prior to the end of survey.
On in a continued interview with Staff A, Staff A was questioned about whether the rest of the staff had received the 2 hour annual continuing education update on the assistance with self-administration of medication. Staff A stated " I don ' t think so " and was unable to locate any training certificates.
Class III

AGENCY FOR HEALTH CARE ADMINISTRATION

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SUMMARY STATEMENT OF DEFICIENCIES
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Z815 Background Screening: Prohibited Offenses

Based on interview and record review, the facility failed to ensure that 4 out of 6 (Staff A, Staff B, Staff E, and Staff F)sampled staff who have contact with the residents received a Level II background screening and had been found to be eligible to work in an assisted living facility.

Findings included:

On at 12:15 PM a record review was conducted for the employee file for Staff A. Staff A had a piece of paper in the file that would have been presented to the background screening location to take a Level II background screening. Staff A had no current background screening results in the employee file.
On at 1:12 PM an interview was conducted with Staff G. Staff G stated she did not have the results of the Level II background screenings for Staff A, Staff E, or Staff F because the Agency has denied her access to the portal.
On at 2:39 PM a review was made of the Agency Background Screening Clearinghouse website for Staff A. Staff A obtained a Level II background screening on . The screen read " awaiting privacy policy. "
On at 2:47 PM an interview was conducted with Staff A. Staff A stated she did not know what the privacy policy was. Staff A stated she had not attempted to contact the Agency background screening unit by telephone or by email.
On at 10:15 AM Staff B was observed as he interacted with a resident. Staff B was then observed cleaning both buildings in the common areas and .
On at 12:15 PM a record review was conducted of the employee file for Staff B. Staff B did not have a Level II background screening in the employee file.
On at 1:51 PM an interview was conducted with Staff B. Staff B stated he does interact with the residents. Staff B stated he doesn ' t speak to them much, but he " can ' t help it. "
On at 1:12 PM an interview was conducted with Staff G. Staff G was asked about Staff B ' s Level II background screening. Staff G stated " he ' s not here all the time. "
On at 1:17 PM an interview was conducted with Staff A. Staff A was asked about the Level II background screening for Staff B, and stated " he does not have any direct contact with residents, so we were told he did not need a Level II. "
On at 2:39 PM a review was made of the Agency Background Screening Clearinghouse website for Staff B. Staff B was not located.
On at 12:15 PM a record review was conducted for the employee file for Staff E. Staff E had a piece of paper in the file that would have been presented to the background screening location to take a Level II background screening. Staff E had no current background screening results in the employee file.

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On at 1:12 PM an interview was conducted with Staff G. Staff G stated she did not have the results of the Level II background screenings for Staff A, Staff E, or Staff F because the Agency has denied her access to the portal.
On at 2:39 PM a review was made of the Agency Background Screening Clearinghouse website for Staff E. Staff E obtained a Level II background screening on / . The screen read " awaiting privacy policy. "
On at 2:47 PM an interview was conducted with Staff A. Staff A stated she did not know what the privacy policy was. Staff A stated she had not attempted to contact the Agency background screening unit by telephone or by email.
On at 2:47 PM a record review was conducted for the employee file for Staff F. Staff F did not have a Level II background screening in her file.
On at 2:39 PM a review was made of the Agency Background Screening Clearinghouse website for Staff F. Staff F obtained a Level II background screening on / . The screen read " awaiting privacy policy. "
On at 1:12 PM an interview was conducted with Staff G. Staff G stated she did not have the results of the Level II background screenings for Staff A, Staff E, or Staff F because the Agency has denied her access to the portal.
On at 2:47 PM an interview was conducted with Staff A. Staff A stated she did not know what the privacy policy was. Staff A stated she had not attempted to contact the Agency background screening unit by telephone or by email.

Unclassified

Z816 Background Screening-Compliance Attestation

Based on interview and record review, the facility failed to ensure that 7 out of 7 (Staff A, Staff B, Staff C, Staff D, Staff E, Staff F, and Staff G) sampled staff who have contact with the residents and require a Level II background screening had signed the compliance attestation form and the facility had failed to place it in their employee files.

Findings Included:

On at 12:15 PM a record review was conducted of the employee file for Staff A. Staff A did not have a signed compliance attestation form in the employee file.
On at 12:15 PM a record review was conducted of the employee file for Staff B. Staff B did not have a signed compliance attestation form in the employee file.
On at 12:20 PM a record review was conducted of the employee file for Staff C. Staff C did not have a signed compliance attestation form in the employee file.

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On at 12:22 PM a record review was conducted of the employee file for Staff D. Staff D did not have a signed compliance attestation form in the employee file.
On at 12:25 PM a record review was conducted of the employee file for Staff E. Staff E did not have a signed compliance attestation form in the employee file.
On at 12:30 PM a record review was conducted of the employee file for Staff F. Staff F did not have a signed compliance attestation form in the employee file.
On at 12:35 PM a record review was conducted of the employee file for Staff G. Staff G did not have a signed compliance attestation form in her file.
On at 2:47 PM an interview was conducted with Staff A. Staff A was not aware of the compliance attestation form, and was not aware that it was to be signed by each employee and maintained in their employee file.

Unclassified

Z827 Unlicensed Activitv

Based on observation, interview and record review, the operator failed to obtain a valid assisted living facility license prior to providing personal services, including assistance with self-administration of medication to 2 out of 4 (Resident #1 and Resident #2) sampled residents in the unlicensed facility.

Findings Included:

A review of the agency ' s provider website FloridaHealthFinder.gov revealed that this location had been previouslv licensed as an assisted living facility and the license had expired on / .
On at 10:15 AM it was noted that the unlicensed facility is located directly behind a licensed assisted living facility owned by the same operator (Staff G)as the unlicensed facility, and managed by the same Administrator (Staff A) as the licensed assisted living facility.
On at 10:35 AM an interview was conducted with Resident #1 in his the unlicensed facility. Resident #1 stated the licensed assisted living facility provides him with all of his medications. Resident #1 stated he does not keep any of his medications in his , and he stated they are kept in the " other building, " pointing in the direction of the licensed assisted living facility. Resident #1 stated he eats all of his meals in the main building, and he is usually provided with his medications at that time. Resident #1 stated he was living in an assisted living facility.
On at 11:40 AM Staff G of the licensed assisted living facility stated the second building, referred to as building " B " , was not licensed.
On at 12:40 PM in the licensed assisted living facility, Staff A was observed as she unlocked the medication cart, removed a prepopulated medication card from Resident #1 ' s file, popped the pills into a soufflé cup, and took them to Resident #1 as he ate lunch in the assisted living facility ' s dining

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. . . . Staff A handed the soufflé cup to Resident #1, who then took the pills with his beverage. Staff A took the empty soufflé cup, threw it out, and then electronically signed the medication observation record (MOR).

On at 12:45 PM a review was made of the medication cart at the licensed assisted living facility location. Resident #1 ' s medication was observed in a file with his name written on the outside. Resident #2 ' s medication was observed in the medication cart in several pill bottles.

On at 2:57 PM an interview was conducted with Staff A. Staff A was asked if she provided medications to Resident #1 at lunch, and she stated " Yes, that ' s correct. " Staff A was asked if she assists Resident #2 with his medications, and she stated " I do. " Staff A stated " I thought we could have two residents " that she assisted with medications in the unlicensed facility.

Unclassified

State Form: Revisit Report

(Y1) **Provider / Supplier / CLIA / Identification Number**
AL11910045

(Y2) **Multiple Construction**
A. Building
B. Wing

(Y3) **Date of Revisit**
12/3/2015

Name of Facility
HAILES BOARDING HOME

Street Address, City, State, Zip Code
1009 N WILLOW
TAMPA, FL 33607

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0054** Reg. # **58A-5.0185(5) FAC** LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	Reviewed By TR	Date: 12/15/15	**Signature of Surveyor:**	**Date:**
Reviewed By CMS RO	Reviewed By	Date:	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2015

Administrator
Hailes Boarding Home
1009 N Willow
Tampa, FL 33607

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit. Additionally, at the time of the visit it was determined that the facility is operating as an unlicensed assisted living facility.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call **Teresa Ryan**, RNC, of this office at (727) 552-2000.

Sincerely,

for Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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St. Petersburg, FL 33701
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