STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910970	**11/17/2015**
NAME OF PROVIDER OR SUPPLIER **TGL RESIDENCE & ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3210 SW 104 COURT** **MIAMI, FL 33165**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted at on , 2015. Tgl Residence & ALF had the following deficiencies identified at time of the survey:

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to have a completed health assessment for one out of six (Resident #1) sampled residents.

Findings include:

Record review for sampled Resident #1's health assessment dated on did not indicate the resident's and diet.

Interview conducted on / at 2:45 PM, the Administrator stated that the assessment for Resident #1 was incomplete.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to limit physical to half (1/2) bed rails for one out of six sampled residents (Resident #2).

Findings include:

Observation on / at 10:00 AM showed Resident #2 had full bed rail attached to her bed.

Resident's #2 record review conducted on / found a 1/2 half bed rail prescription dated /

Interview conducted on / at 3:30 PM, the Administrator stated that the facility did not obtain a written physician's (hospice) order for use of a full-bed rail for Resident #2.

Class III

0078 Staffing Standards - Staff

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Based on record review and interview, the facility failed to have evidence of negative examinations documented on an annual basis for two out of three sampled staff (Staff A and B).

Findings include:

Review of Staff A and B's records on / at 1:00 PM, showed Staff A and B did not have their annually documentation of negative examinations. The last statement on file for Staff A was dated and Staff B was dated .

Interview conducted on / at 3:30 PM, the Administrator stated Staff A and B did not have the documentation.

Class III

0080 Training - Core & Competency Test

Based on record review and interview, the facility's Administrator failed to participate in 12 hours of continuing education in the last 2 years.

Findings include:

Record review found the Administrator did not have any documentation of receiving 12 hours of continuing education in the last 2 years.

Interview conducted on / at 3:30 PM, the Administrator stated that she participated in 12 hours of continuing education in the last 2 years but she was unable to provide the documentation at the time of the survey.

Class III

0083 Training - First Aid and

Based on observation, record review, and interview, the facility failed to ensure that at least one staff member who is trained in and First Aid is in the facility at all times when the residents are in the facility. This was evident for Staff A and B.

Findings include:

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Observation on / at 10:00 AM showed Staff B was in care of the residents and providing personal services to them.

Review Staff A and B's records on / showed that Staff A's training expired on / and Staff B's training expired on .

Interview conducted on / at 3:30 PM, the Administrator confirmed that her and Staff B's expired.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for one out of three staff (Staff A).

Findings include:

Review of Staff A's record showed it did not contain documentation that she received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF. Staff A training expired on .

Interview conducted on / at 3:30 PM, the Administrator stated that she did not receive a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF.

Class III

0085 Training - Nutrition & Food Service

Based on record review and interview, the facility failed to ensure that two out of three sampled staff (Staff A and B) have obtained, annually, a minimum of two hours continuing education in topics pertinent to nutrition and food service in an ALF.

Findings include:

Record review for Staff A and B found no documentation that they received a minimum of two hours

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continuing education, annually, in topics pertinent to nutrition and food service in an ALF. Staff A and B's most current nutrition and food service training was dated /.

Interview conducted on / at 3:30 PM, the Administrator stated that they did not obtain a minimum of two hours continuing education in topics pertinent to nutrition and food service in an ALF.

Class III

0090 Training -

Based on interview and record review, the facility failed to maintain documentation of having completed at least one hour training in policies and procedures regarding ( ) within 30 days of employment for one out of three sampled employees (Staff B).

Findings include:

Review of Staff B's record on / at 10:00 AM found it did not contain documentation of at least one hour training regarding policies and procedures regarding ( ). Staff B was hired on /.

During an interview on / at 2:30 PM, the Administrator stated that Staff B received the training but she was unable to provide the documentation at the time of the survey.

Class III

0093 Food Service - Dietary Standards

Based on record review and interview, the facility failed to have a regular and therapeutic menu for the residents.

Findings include:

Observation during the tour on / / at 10:00 AM showed that there were eight residents in the facility. The menu posted expired on /.

Review of the facility's records on / showed that there was no current regular and therapeutic menu on file approved by a dietitian.

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Interview conducted on I/ at 2:45 PM, the Administrator stated that the facility did not have a current menu.

Class III

0160 Records - Facilitv

Based on observation, record review, and interview, the facility failed to have proof of a satisfactory annual sanitation inspection and fire inspection. The facility failed to have proof of a liability insurance policy.

Findings include:

Review of facility record on I/ at 10:00 AM showed a fire inspection dated , the sanitation inspection was dated I/ , the liability insurance policy expired on .

Interview conducted on I/ at 2:45 PM, the Administrator stated that the facility has a satisfactory fire inspection and sanitation inspection, current liability insurance policy but the documents were not in the facility at the time of the survey.

Class III

0161 Records - Staff

Based on observation, record review, and interview the facility failed to provide evidence of personnel records containing a copy of the employment application for one out of three sampled staff (Staff C).

Findings included:

Observation on I/ at 10:00 AM showed that Staff C was at the facility with the residents.

Record review and request for Staff C on I/ showed that no record was available in the facility for this staff.

Interview conducted on I/ at 12:55 PM, Staff C stated "I have been working in the facility for one week."

Interview on I/ at 2:45 PM, the administrator acknowledged that Staff C did not have an

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employment application with references.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Tgl Residence & Alf
3210 Sw 104 Court
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a standard biennial licensure survey that was conducted on , 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

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