

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/02/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943141	(X3) DATE SURVEY COMPLETED 01/21/2016
NAME OF PROVIDER OR SUPPLIER ELZAIDA'S TENDER CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 804 SOUTH BELCHER ROAD CLEARWATER, FL 33764	

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

0000 Initial Comments

Assisted Living Facility

On 1/11/16 a Biennial survey was conducted at Elzaida's Tender Care Assist Living Facility. Deficient practice was identified during the survey.

0080 Training - Core & Competency Test

Based on observation, interview and record review the facility failed to ensure that Administrator had all the required training for one (The Administrator) of two sampled staff records. Review of the Administrator employee records revealed that there was no documentation of core training within three months of becoming an Administrator.

Findings Include:

A review of the Administrator file on 1/11/16 revealed she was hired on 1/11/16. The Administrator's file did not have documentation indicating she received core training or exam in file. During an interview with staff A (Owner) on 1/11/16 at 1:27 P.M. Staff A (owner) reviewed the Administrator file with surveyor and confirmed findings. Per staff A (owner), "the Administrator change took place on 1/11/16, but she never provided me with these items, let me call her again."

No further documentation was provided

0081 Training - Staff In-Service

Based on observation, interview and record review the facility failed to ensure that staff had all the required training for one (The Administrator) of two sampled staff records. Review of staff employee records revealed that there was no documentation of a 1 hour in-service training in Elopement Response, Emergency Preparedness and Evacuation, Reporting incident, Residents Right, Recognizing and Reporting Abuse and Neglect & Training within 30 days of employment.

Findings Include:

A review of the Administrator file on 1/11/16 revealed she was hired on 1/11/16. The Administrator's file did not have documentation indicating she received in-service training for Elopement Response, Emergency Preparedness and Evacuation, Reporting incident, Residents Right, Recognizing and Reporting Abuse and Neglect & Training. During an interview with staff A (Owner) on 1/11/16 at 1:15 P.M. Staff A reviewed the Administrator file with surveyor and confirmed findings. No further documentation was provided

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Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, record review and interview, the facility failed to ensure that 1 of 2 employees (owner/caregiver) had a "eligible" status when their employee information was reviewed in the Agency's Background Screening Website.

Findings include:

A review of the owner/caregiver's personnel file did not have evidence of a level II background screening. Surveyor reviewed the AHCA (Agency for Health Care Administration) background screening website on 1/11/16 at 11:07 A.M. The AHCA (Agency for Health Care Administration) background screening website indicated that a new screening was required.

During an interview with the owner on 1/11/16 at 2:15 P.M., she confirmed that she is currently providing daily direct care to residents and lives on premise with residents. Surveyor observed the owner providing direct care to multiple residents throughout the survey process on 1/11/16.

UNCLASSED



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Elzaida's Tender Care
804 South Belcher Road
Clearwater, FL 33764

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on
, 2016 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** , 2016. 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,


for
Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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