AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943141	R 03/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELZAIDA'S TENDER CARE	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

A revisit survey was conducted at Elzaida's Tender Care from through . Elzaida's Tender Care, Assisted Living Facility, had uncorrected deficiencies at the time of the visit.

0080 Training - Core & Competency Test

Based on observation, interview and record review the facility failed to ensure that the Administrator of the facility had the required CORE training and has passed the exam.

Findings included:

On at 5:52 PM a review was conducted of the Agency's website. The facility had been cited for failure to have a core trained administrator during the biennial survey on .
On at 5:52 PM a review was conducted of the Agency's website. The administrator remained the same as was identified during the survey conducted on . No new administrator had been named for the facility.
On at 5:52 PM a review was conducted of the University of South Florida Assisted Living Facility Core Competency Test website. The Administrator ' s name was not located as having passed the CORE exam.
On at 6:00 PM a record review was conducted of an undated letter sent by the owner of the facility to the Agency. The letter indicated there would be a new administrator (Staff A) as of . The owner provided the name and license number of the new administrator.
On at 10:15 AM an interview was conducted with the owner. The owner stated the Administrator remains the same as during the biennial survey. The owner stated she did not know if the current Administrator had completed core training, and stated " she hasn ' t sent no further documents. " The owner stated she was not sure when Staff A would start as the new administrator, or how involved he would be with the business. The owner stated she had not talked to him.
On at 11:30 AM a record review was conducted of the employee file for the Administrator. A review of the file indicated the Administrator was hired on . The Administrator ' s file did not have documentation indicating she received core training or provide documentation that she had passed the core examination.
On at 11:30 AM a record review was attempted of the employee file for Staff A. The owner stated there was no employee file for Staff A and that he had not sent her anything.
On at 10:30 AM an interview was conducted with Staff A. Staff A stated he was not on the

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payroll yet. Staff A stated he had a full time job at another facility, and he had not yet taken over as the administrator. Staff A did not have a date that he would begin. Staff A stated he does not have an employee file yet at the facility, as he has not provided the owner with anything. Staff A stated he was " having difficulty getting into the role. " Staff A stated he would be an " on-call Administrator " when he begins.

Class III

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 1 of 2 (The Administrator) sampled staff records. Review of the Administrator's employee file revealed that there was no documentation of a 1 hour in-service training in Elopement Response, Emergency Preparedness and Evacuation, Reporting incident, Residents Rights, Recognizing and Reporting and Neglect & training within 30 days of employment.

Findings included:

On at 5:52 PM a review was conducted of FloridaHealthFinder.gov. The facility was cited on during the biennial survey for failure of the Administrator to have the required trainings within the first 30 days of employment.
On at 11:30 AM a record review was conducted of the employee file for the Administrator and indicated she was hired on . The Administrator's file did not have documentation indicating she received the in-service training for Elopement Response, Emergency Preparedness and Evacuation, Reporting incident, Residents Rights, Recognizing and Reporting and Neglect & training.
On at 10:15 AM an interview was conducted with the owner. The owner stated she did not know if the Administrator had obtained the required trainings that were missing during the biennial survey. The owner stated " she hasn't sent no further documents. "

Class III

Z815 Background Screening: Prohibited Offenses

Based on interview and record review, the facility failed to ensure that the Owner of the facility who provides direct care to the residents obtained a Level II background screening.

Findings included:

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On at 5:52 PM a review was conducted of the Agency for Health Care Administration background screening website. The Owner was located and the screen displayed " A new screening is required " . The Owner was previously cited during the biennial survey on / / for not having a valid background screening.
On at 10:15 AM the owner was observed as the only employee in the facility providing direct care to the residents.
On at 12:15 PM a record review was conducted of the owner's employee file. No current Level II background screening was located in the file.
On at 12:15 PM an interview was conducted with the Owner. The owner stated she was previously cited for not having a background screening, but stated the only thing she needed to do was " print off a form and sign it " . The owner denied the need for a Level II background screening.
On at 12:19 PM a review was made of the Agency for Health Care Administration background screening website. The owner was located on the site and the screen stated " a new screening is required. " The screen was shown to the Owner.
On at 12:20 PM in a continued interview with the Owner, she continued to assert she did not require a new Level II background screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear . McGarrity-Davis:

This letter reports the findings of a complaint survey and a revisit to a biennial state licensure survey conducted from - //, by representatives of the Agency for Health Care Administration. Attached are the provider's copies of the Statement of Deficiencies, which indicate there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's request as directives below:

The inspection resulted in findings of non-compliance in the following areas:

A 0052 – Medication – Assistance with Self-Admin – The facility failed to observe residents who require assistance with medications take the prescribed medication as required. The facility failed to notify the primary care physician's office when medications were stolen, or when a resident was non-compliant with medications; and the facility failed to keep an accurate record of when residents received assistance with self-administration of medications.

Z815 – Background Screening; Prohibited Offenses - The facility failed to ensure that all employees had a Level II background screening prior to having direct contact with residents.

You are directed to comply with the following requirements:

1). The facility must ensure all staff who provide services to the residents have a valid Level II background screening and have been found "eligible". This must be completed **immediately.**

2). The facility must obtain for the Administrator and all employees, the initial four-hour training in assistance with self-administration of medications. This must be completed by , **2016.**

3). The facility must have an RN or pharmacist audit the medication cart. This must be completed by , **2016.**

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact **Laura Manville**, Survey and Certification Support Branch, at (727) 552-1955 or **Paul Brown**, St. Petersburg Field Office, (727) 552-2000.

Sincerely,

Paul Brown
Health Facility Evaluator Supervisor