AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943141	R 06/01/2016
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 / , a 2nd revisit to the biennial survey was conducted at Elzaida's Tender Care at 804 S. Belcher Rd, Clearwater, FL, license number 7280. Elzaida's Tender Care, Assisted Living Facility, had deficiencies that were identified the day of the visit.

0078 Staffing Standards - Staff

Based on interviews and record reviews the facility failed to document evidence of a negative examination on an annual basis for 1 of 2 (Owner) sampled staff.

Findings included:

On / at 8:10 AM a record review was conducted of the employee file for the Owner. The Owner had a examination conducted on . The form stated " must be read on 15- " results were documented. (Photo 22)
On / at 2:21 PM an interview was conducted with the Owner. The Owner stated no one told her she had to go back to have her results read and documented.

Class III

0079 Staffing Standards - Levels

Based on record review and interview, the facility failed to designate in writing a staff member to be in charge of the facility during periods of temporary absence of the administrator or manager. The facility failed to have an Administrator or manager in charge of the facility that would prevent the designee from being in charge for longer than 21 consecutive days, or for a total of 60 days within a calendar year.

Findings included:

On / at 8:10 AM a record review was conducted of the employee file for the Owner. No document was observed in her employee file appointing her as the designee during the Administrator's abs
On / at 8:10 AM a record review was attempted of the document appointing a designee for the facility in the Administrator ' s absence. No document could be located.

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On / at 9:51 AM an interview was conducted with the Owner. The Owner stated there is nothing in writing appointing a designee during the Administrator ' s absence. The Owner stated the Administrator of record is no longer the Administrator. The Owner stated she hired Staff A to be the Administrator. The Owner stated Staff A was paid a lump sum and she can call him with questions. The Owner stated " he does not really come to do anything. He does nothing. " The Owner stated Staff A only came one time to the facility. The Owner stated Staff A doesn ' t do anything administratively, she does it all herself. The Owner stated she has been in charge of the facility for longer than 21 consecutive day[illegible] more than 60 days in the calendar year.
On / at 11:02 AM in a continued interview with the Owner, she stated she was core trained in 2000, but she could not remember the last time she obtained the 12 hours of continuing education. The Owner stated she was aware that she was not eligible to be the Administrator of the facility. The Owner further stated she was not going to retake the core training and core competency test.

Class III

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 3:00 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 / / , and during a follow up visit conducted on .
On / at 3:00 PM a review was conducted of the Agency's website. The administrator remained the same as was identified during the surveys conducted on / / and . No new administrator had been named for the facility.
On / at 3:00 PM a review was conducted of the Universit[illegible] outh Florida Assisted Living Facility Core Competency Test website. The Administrator's name [illegible] ot located as having passed the COR[illegible]
On / at 8:09 AM an interview was conducted with the Ov[illegible] The Owner stated the Administrator of record is no longer the Administrator. The Owner [illegible] Staff A is the Administrator. The Owner stated the Administrator of record had sent in a change of A[illegible] strator form to the Agency. The Owner did not know when that was sent, and the Owner did not ha[illegible] copy of the form. The Owner further stated she did not know the hire date for Staff A, and statec[illegible] oes not come to the facility; he is available for phone calls when she needs to talk to him. The Owne[illegible] ed Staff A does not perform any administrative duties. The Owner stated "he does nothing" and s[illegible] she did not need any help.

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SUMMARY STATEMENT OF DEFICIENCIES
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On / at 8:55 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 examination.
On / at 8:55 AM a record review was conducted of the employee file for Staff A. The employee file contained a level II background screening, a compliance attestation, and a list of trainings Staff A had received at University Village Nursing Center. The list of trainings did not indicate how many hours of training in each area were received. The employee file for Staff A did not contain an application.
On / at 11:00 AM a review was conducted of the University of South Florida Assisted Living Facility Core Competency Test website. The Owner was not located.
On / at 11:02 AM in a continued interview with the Owner, she stated she was aware that she not a valid assisted living facility Administrator. The Owner stated she would not take the core training and exam again.
On / at 1:05 PM a review was conducted by the Agency Assisted Living Facility unit (the unit). The unit verified the Administrator of record remains listed as the Administrator with the Agency. The unit further verified no change of Administrator had been sent to the Agency.

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 include:

On / at 2:00 PM a review was conducted of FloridaHealthFinder.gov. The facility was cited on / / and for failure of the Administrator to have the required trainings within the first 30 days of employment.
On / at 8:55 AM a record review was conducted of the employee file for the Administrator. The employee file 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 8:55 AM an interview was conducted with the Owner. The Owner stated she was not

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able to locate the training documents for the Administrator. The Owner stated the Administrator of record is no longer the Administrator.
On / / at 3:00 PM a review was conducted of the Agency's website. The administrator remained the same as was identified during the surveys conducted on / / and . No new administrator had been named for the facility.

Class III

Z816 Background Screening-Compliance Attestation

Based on interview and record review, the facility failed to ensure that 1 out of 2 (the Owner) 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 8:10 AM a record review was conducted of the employee file for the Owner. The Owner did not have a signed compliance attestation form in the employee file.
On / / at 8:10 AM an interview was conducted with the Owner. The Owner stated " No one ever told me I needed one. "

Unclassified

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11943141 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ELZAIDA'S TENDER CARE	804 SOUTH BELCHER ROAD CLEARWATER, FL 33764

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 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 (INITIALS)** PBB	**DATE** 6/23/16	**SIGNATURE OF SURVEYOR**	**DATE**
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 1/21/2016	☐ 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

, 2016

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

Dear Administrator:

This letter reports the findings of a second state licensure revisit survey 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 corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Form 5000-3547 & Revisit Report

YOSF

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com