STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910026	/
NAME OF PROVIDER OR SUPPLIER **EVA'S HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2601 NORTH WOODROW AVENUE** **TAMPA, FL 33602**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

On , 2016 an abbreviated biennial re-licensure survey was conducted at Eva's Home Care assisted living facility (Lic# 5691). Deficient practice was identified during the survey.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have personnel files which contained annual examination for two (#A &#B) of two direct care staff who were sampled for examinations.

Findings included:

A Record review of staff #A's personnel file on / revealed the last examination was on on . examinations must be done annually.

A Record review of staff #B's personnel file on / revealed the last examination was on / / .

When interviewed on / at 1:15 pm., the administrator verified the required documentation for the annual examinations for staff #A & #B were not in their personnel files.

Class III

0081 Training - Staff In-Service

Based on record review and interview,the facility failed to provide in the personnel files of one (staff#A) of two direct care staff sampled for required trainings in the following areas: 1 hour of training in control, 3 hours of training in resident behavior and needs and providing assistance with the activities of daily living (ADL), 1 hour of training in the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation, 1 hour of training for resident rights in an assisted living facility and recognizing and reporting resident , neglect, and and 1 hour of training in reporting major and adverse incidents..

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910026	/
NAME OF PROVIDER OR SUPPLIER **EVA'S HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2601 NORTH WOODROW AVENUE** **TAMPA, FL 33602**	

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

Findings included:

A Record review on / / of staff #A's personnel file revealed she had been hired on / . The following in-services were missing from her personnel file: 1 hour of training in control, 3 hours of training in resident behavior and needs and providing assistance with the activities of daily living (ADL), 1 hour of training in the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation, 1 hour of training for resident rights in an assisted living facility and recognizing and reporting resident , neglect, and and 1 hour of training in reporting major and adverse incidents..

When interviewed on / at 1:30 pm., the administrator verified the required documentation regarding required in-service trainings for staff #A was not in her personnel files.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview, the facility failed to provide two hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility annually for two (#A & #B) of two direct care staff who were sampled for two hours of continuing education for medications.

Findings included:

A Record review on / / of staff #A's personnel file revealed she had taken her last four hour training for providing assistance with self-administered medications on . She needed the two hour continuing education training on medication done by . There was no documentation in her personnel file which stated she had completed the training in 2015. The two hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility must be completed annually.

A Record review on / / of staff #B's personnel file revealed she had taken her last four hour training for providing assistance with self-administered medications on / . She needed the two hour continuing education training on medication done by . There was no documentation in her personnel file which stated she had completed the training in 2015. The two hours of continuing education training on providing assistance with self-administered medications and safe medication

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910026	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVA'S HOME CARE	**2601 NORTH WOODROW AVENUE TAMPA, FL 33602**

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

practices in an assisted living facility must be completed annually.

When interviewed on at 1:45 pm, the administrator verified the documentation which is to be completed annually for the two hours of continuing education regarding medication for staff #A and staff #B was not in their personnel files.

Class III

Z814 Background Screening Clearinghouse

Based on interview and record review, the facility failed to maintain the employment status of employees on the employee roster within the AHCA background screening Clearinghouse within 10 days of initial employment for 2 (staff A & staff #B) of 2 staff sampled for resident roster review for the Clearinghouse. Findings included:
A review of the facility's employee roster in the Clearinghouse was conducted on at 6:00 AM and it showed that no employees were listed.
A review of the staff records conducted on showed staff #A had been hired on and Staff #B had a hire date of .
An interview was conducted with the administrator at 2:00 pm on concerning the lack of entries in to the employee roster in the Clearinghouse. She stated she had tried to put in the information but got and didn't finish the process.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 1, 2016

Administrator
Eva's Home Care
2601 North Woodrow Avenue
Tampa, FL 33602

Dear Administrator:

This letter reports the findings of a abbreviated 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 August 31, 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 Caufman
Field Office Manager

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

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida