STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967351	07/25/2016
NAME OF PROVIDER OR SUPPLIER **TORIA'S ASSISTED LIVING FACILITY I**	STREET ADDRESS, CITY, STATE, ZIP CODE **2073 BALFOUR CIRCLE** **TAMPA, FL 33619**	

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

0000 Initial Comments

Assisted Living Facility

An unannounced biennial relicensure survey was conducted on .

The Toria's Assisted Living Facility I had deficiencies at the time of this visit.

(License # 11393)

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure that 1 of 3 (of in-house census of 6 residents) Resident Health Assessments for Assisted Living Facilities (AHCA Form 1823) included whether the individual will require assistance with medication and, if so, whether the resident needs assistance with self-administration of medications or medication administration.

Findings included:

Per Resident record reviews conducted at the facility on 1:00pm, Resident #3 was admitted into the facility on . Resident #3 ' s file contained a Resident Health Assessment (AHCA Form 1823) dated . Per review, Resident #3 ' s Assessment does not specify if the resident needs help taking medications and, if so, whether the resident needs medication administration or assistance with self-administration of medication. The section on the form for this information was observed blank. Per interview with Staff C and record review, Resident #3 receives staff assistance with self-administration of medication. Staff C acknowledged the Resident Health Assessment (Form 1823) missing the required medication assistance information.

Class III

0082 Training - /

Based on record review and interview, the facility failed to ensure that 2 of 3 Resident Care staff (Staff A and B) have completed a one-time education course on and .

Findings included:

Per review of personnel files conducted at the facility on / at 10:45am, Staff A was hired by the

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facility as a Caregiver (Resident Aide/Med Tech) on / ; Staff B was hired by the facility as a Caregiver (Resident Aide/Med Tech) on / . Per schedule review and interview with Staff C on at 9:30am, both Staff A & Staff B provide direct resident care services. Staff C stated that none of the Caregivers are licensed nurses.
Per employee record reviews, Staff A & Staff B's records did not contain evidence of completion of a one-time education course on and .
Per interview with the Office Assistant on / at 2:00pm, the Office Assistant stated that she maintains staff training records in the personnel files.

Class III

0083 Trainina - First Aid and

Based on record review and interview, the facility failed to ensure that a staff member (1 of 3 staff reviewed for census of 6 in-house residents) who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses is in the facility at all times.

Findings included:

Per review of personnel files conducted at the facility on / at 11:00am, Staff B was hired by the facility as a Caregiver (Resident Aide/Med Tech) on / . Per schedule review and interview with Staff C on / at 9:30am, Staff B works afternoon & evening hours and is responsible for overnight coverage at the facility when working alone in the facility from Thurs at 9:00am through Friday at 9:00am. Staff C stated that none of the Caregivers are licensed nurses.
Per record review, there was no documentation of Staff B having completed courses in First Aid and and holding a currently valid card documenting certification.
Per interview with the Office Assistant on / at 2:00pm, the Office Assistant stated that she maintains staff training records in personnel files.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on observation, record review, and interview, the facility failed to ensure that 1 of 3 staff who provide residents (current census: 6) assistance with self-administration of medications has successfully completed annual 2-hour updates on providing assistance with self-administration of medications and safe medication practices in an assisted living facility. Providing assistance with self-administration of medications without completing the required trainings puts residents at risk of adverse medical

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consequences.

Findings included:

Per employee schedule review and interview with Staff C on / at 9:30am, Staff C stated that none of the Caregivers are licensed nurses but have all been trained to provide residents assistance with self-administration of medications.
Per review of personnel files conducted at the facility on at 10:45am, Staff C was hired by the facility as a Caregiver (Resident Aide/Med Tech) on . Staff C ' s file contained a certificate documenting completion of 4 hours of training in providing assistance with self-administration of medications on / . Staff C ' s file also contained an APD (Agency for Persons with) Validation Certificate of competency to provide oral, , & G-Tube feeds. There was no evidence of completion of annual 2-hour training updates on providing assistance with self-administration of medications and safe medication practices in an Assisted Living Facility.
Per interview with Staff C on at 11:30am, Staff C stated awareness that G tubes are not allowed in Assisted Living Facilities and stated that no facility residents require feeding. Staff C acknowledged that the Validation Certificate does not meet requirement for 2-hour training update on providing assistance with self-administration of medications and safe medication practices in an Assisted Living Facility. update.
Per interview with the Office Assistant on at 2:00pm, the Office Assistant stated that she maintains staff training records in personnel files.

Class III

0167 Resident Contracts

Based on record review and interview, the facility failed to ensure that 3 of 3 Resident Contracts reviewed (of 6 total in-house residents) are executed prior to or at the time of admission and contain all required information.

Findings included:

Surveyor conducted Resident record reviews at the facility on and reviewed 3 randomly selected Resident Contracts: Resident #2 was admitted into the facility on ; Resident #2 ' s file contained a contract entitled " Entire Agreement " dated / . Resident #3 was admitted into the facility on ; Resident #3 ' s file contained a contract entitled "Entire Agreement" dated / . Resident #5 was admitted into the facility on ; Resident #5's file contained a contract entitled "Entire Agreement" dated / / .

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Per review of the 3 contracts, none contained the daily, weekly, or monthly rate and a provision giving at least 30 days' written notice prior to any rate increase. None included a refund policy. None included a provision that residents must be assessed upon admission and every 3 years thereafter, or after a significant change. None included the facility's policies and procedures related to a properly executed

Per interview with the Office Assistant on at 2:00pm, the Office Assistant stated that the Administrator is responsible for all resident contracts.

Class III

Z814 Background Screening Clearinghouse

Based on observation, record review, and interview, the facility failed to maintain the employment status of all employees within the Background Screening Clearinghouse, including Initial employment status and any changes in status within 10 business days, for 2 of 3 employees providing direct care services for a current census of 6 in-house residents.

Findings included:

Per review of the facility's employee roster on the AHCA Background Screening Clearinghouse on , 2 of 3 facility employees are not listed on the facility's Employee Roster.

Per record review on at 11:00am, Staff A was hired as a Caregiver on . Per facility schedule review and interview with Staff C, Staff A provides direct resident care services from Friday at 9:00am through Monday at 9:00am and is responsible for weekend overnight coverage. Per review of the facility ' s employee roster on the Background Screening Clearinghouse, Staff A is not listed on the facility ' s employee roster.

Per interview with Staff C on at 9:30am, Staff C stated that she has worked at the facility since , 2013, and currently provides residents with direct care services. Surveyor observed Staff C providing residents with direct care services throughout the day of visit and interviewed Staff C on at 1:45pm regarding her employment at the facility as a Caregiver. Per facility schedule review and interview with Staff C, Staff C works 4 continuous days a week from 9:00am through 9:00am and is responsible for overnight coverage. Per record review on at 11:00am, Staff C was hired as a Caregiver on . Per review of the facility's employee roster on the Background Screening Clearinghouse, Staff C is not listed on the facility's employee roster.

Per record review, Staff C is an authorized user of the facility's background screening website. When Surveyor asked who maintains the facility's background screening site, Staff C stated on at 2:15pm that an IT person and sometimes the Administrator maintain the screenings.

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Unclassed

Z815 Background Screening: Prohibited Offenses

Based on observation, record review, and interview, the facility failed to ensure that a Level 2 background screening pursuant to chapter 435 has deemed eligible for employment 1 of 3 employees providing direct care services for a current census of 6 in-house residents. The facility failed to ensure that 2 of 3 employees were background screened prior to providing direct resident care services.

Findings included:

Per interview with Staff C on at 9:30am, Staff C stated that she has worked at the facility since , 2013, and currently provides residents with direct care services. Surveyor observed Staff C providing residents with direct care services throughout the day of visit and interviewed Staff C on at 1:45pm regarding her employment at the facility as a Caregiver. Per facility schedule review and interview with Staff C, Staff C works 4 continuous days a week from 9:00am through 9:00am, scheduled 9:00am-10:00pm, 6:00am-10:00pm, and 6:00am-9:00am, with responsibility for overnight coverage.
Per record review on at 11:00am, Staff C was hired by the facility as a Caregiver on / . Surveyor found no evidence in Staff C's employment file of having been background screened. Per interview with Staff C on at 1:45pm, Staff C stated she thought she had been background screened. Per review of Staff C on the AHCA Background Screening Clearinghouse on / , " A New Screening Is Required. "
Per record review on at 10:45am, Staff A was hired as a Caregiver on / and deemed eligible for employment via AHCA Level II background screening on / / , not prior to provision of direct resident care services as required.

Unclassed

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Toria's Assisted Living Facility I
2073 Balfour Circle
Tampa, FL 33619

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.

St. Petersburg Field Office
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St. Petersburg, FL 33701
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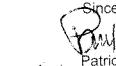
SlideShare.net/AHCAFlorida

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

Enclosure: State Form (5000-3547)

XG90