STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932639	09/29/2016
NAME OF PROVIDER OR SUPPLIER **DIVINE GALLO HOUSE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **9110 STAR TRAIL** **NEW PORT RICHEY, FL 34654**	

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

0000 Initial Comments

Assisted Living Facility

Two unannounced complaint surveys, (CCR# 2016008027 & CCR# 2016010301) were conducted on , in conjunction with an unannounced Change of Ownership (CHOW) licensure survey with Limited Mental Health (LMH) services (CHOW Provisional License issued for the period to , Aspen VUSH11).

The Divine Gallo House ALF, Assisted Living Facility (License #6665), had deficiencies at the time of this visit.

0026 Resident Care - Social & Leisure Activities

Based on observation and interviews, the Assisted Living Facility failed to provide an ongoing activities program for 12 of 12 current in-house residents.

Findings included:

A review of the facility's activities calendar revealed that there was leisure time in the morning and games in the afternoon.
While at the facility, no activities occurred. The residents were sitting in front of the television watching TV all day or outside smoking.
On , per interviews with the residents, all stated that there were no activities and nothing to do and that they haven't been asked what they would like to do. They stated they would like to go on an outing for a day for Chinese food or go to a park.
Per interview with the Administrator at 5:30 pm on , the Administrator stated that there were games and a book shelf with books and sometimes they play Wii.

Class III

0079 Staffing Standards - Levels

Based on record review and interview, the facility failed to maintain the required minimum staff hours per week for a current census of 12 in-house residents.

Findings included:

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Per observation, record reviews, and interviews conducted at the Assisted Living Facility with a Limited Mental Health license on , the facility is not providing the level of staff needed to meet resident needs.
Per schedule review and interviews with the Administrator and Supervisor, the owner does not provide enough staff hours. Per statute, a minimum of 212 direct care staff hours per week are required for a census of 12 in-house residents. Per facility schedule review, 205.5 direct care staff hours are scheduled per week.
Per interview with the Administrator on / beginning at 5:00pm, the Administrator stated that the facility is short-staffed and efforts are underway to hire additional staff.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure that 1 of 5 staff who provide direct care services to residents (current in-house census of 12 residents) received training as required within 30 days of hire, as follows: 3 hours of in-service training that covers Resident behavior and needs and providing assistance with the activities of daily living; 1 hour of facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation; 1 hour of facility's resident elopement response policies and procedures; 1 hour of training in Resident rights in an Assisted Living Facility and recognizing and reporting resident , neglect, and ; and 1 hour of reporting major & adverse incidents.

Findings included:

Per Employee record reviews and staff interviews, Staff D was hired on and works weekends providing direct resident care services from 7am to 11pm. Records indicated that Staff D began employment more than 30 days prior to AHCA visit.
As of record review, there was no indication that Staff D completed in-service trainings required within 30 days of employment in Resident behavior and needs and providing assistance with the activities of daily living, facility emergency procedures & evacuation training, elopement response policies and procedures, incident Reporting, Resident Rights and reporting , neglect, &
Per interview with the Administrator on beginning at 5:00pm, the Administrator acknowledged that Staff D ' s record did not include evidence of training as required.

Class III

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

0083 Training - First Aid and

Based on record review and interview, the facility failed to ensure that a staff member (1 of 5 employees providing direct care services) 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. Failure to ensure that a qualified staff member is in the facility at all times places 12 current in-house residents at risk of improper response to emergencies and adverse medical consequences.

Findings included:

Per Employee record reviews and staff interviews, Staff E was hired on / / as a Caregiver on the 3rd shift and is the only staff working in the facility from 11pm-7am 4 days per week. Staff E ' s employee record contained certificates for training & certification in First Aid and ( ) effective - . As of record review, Staff E has not completed updated training and current certification as required.
Per interview with the Administrator on beginning at 5:00pm, the Administrator acknowledged that Staff D ' s record did not include evidence of current training & certification in First Aid and ( ) as required.

Class III

0090 Training -

Based on record review and interview, there was no evidence that 1 of 5 employees providing 12 Assisted Living Facility residents with direct care services has received training in the facility's policy and procedures regarding .

Findings included:

Per / Employee record reviews and staff interviews, Staff D was hired on and works weekends providing direct resident care services from 7am to 11pm. Records indicated that Staff D began employment more than 30 days prior to AHCA visit.
As of record review, there was no indication that Staff D was provided training in the facility's policy and procedures regarding .
Per interview with the Administrator on beginning at 5:00pm, the Administrator acknowledged that Staff D ' s record did not include evidence of training as required.

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Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview, the facility failed to ensure that Level 2 background screening pursuant to chapter 435 has deemed eligible for employment 1 of 5 employees providing personal care or services directly to residents or having access to client funds, personal property, or living areas. Failure to ensure residents receive care and services safely, securely, and from persons who have not committed offenses that preclude them from employment directly placed 12 current in-house residents at risk for exposure to persons whom the Florida Legislature has not deemed appropriate to provide care or services.

Findings included:

Per review of the facility ' s employee roster on the AHCA Background Screening Clearinghouse, Staff C is listed (twice) with a Provisional Hire date of & as " Other Licensed Health Care Professional. " Per review of Staff C ' s AHCA Background Screening results, screening in process effective , indicating that determination of Staff C ' s employment eligibility has yet to be made.
Per Employee record reviews conducted at the facility on , 1 of 5 files contained no evidence of background screening - There was no screening result found in Staff C ' s file. Per schedule review and interview with the Administrator on / , Staff C began employment as a Care Provider at the facility on , is the sole staff person on duty on the overnight shift (11pm-7am) 3 days per week, and has worked other shifts as needed.
Per interview with the Administrator on / beginning at 5:00pm, the Administrator stated that Staff C was background screened and the screening must not have been put in Staff C ' s file. The Administrator proceeded to her computer to print the screening document and delivered the AHCA screening to AHCA Surveyor. As indicated above, the screening result presented indicated screening in process effective ; determination of Staff C ' s employment eligibility yet to be made. The Administrator acknowledged the incomplete screening and provided a receipt for fingerprinting dated . Per interview with the Administrator, the company Liason between staff & owners is responsible for completing the employee roster when an employee is hired.

Unclassed

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Divine Gallo House ALF
9110 Star Trail
New Port Richey, FL 34654

RE: CCR# 2016008027 & CCR# 2016010301 & CHOW with LMH

Dear Administrator:

This letter reports the findings of two complaint surveys and a change of ownership (CHOW) state licensure survey with limited mental health (LMH) that was conducted on , 2016, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, 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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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 Forms 5000-3547

XG90