STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943141	10/11/2016
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

Two complaint surveys (CCR# 2016010592 and CCR# 2016010743) were conducted in conjunction with a 2nd revisit survey, Aspen ID LUO913, on / / at Elzaida's Tender Care, 804 S. Belcher Rd, Clearwater, FL. Deficiencies were identified the day of survey. (Additional citations on LUO913.)

(License # 7280)

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 11:01 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 absence.
On / / at 10:51 AM an interview was conducted with the Owner. The Owner stated there is nothing in writing appointing a designee during the Administrator's absence, but that she is the only person currently working in the facility, so she would be the designee. The Owner stated the Administrator is paid $300 a month, and comes by on the weekends to review the resident and employee files. The Administrator does not have a set schedule at the facility. The Owner stated she has been in charge of the facility for longer than 21 consecutive days, and for more than 60 days in the calendar year.
On / / at 10:51 AM in a continued interview with the Owner, she stated she was core trained in 2000, but she did not remember the last time she obtained the 12 hours of continuing education. The Owner stated she was not going to retake the core training and core competency test.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

Dear . Cagliuso:

This letter reports the findings of a 2nd revisit survey and two complaint surveys conducted on / , by representatives of the Agency for Health Care Administration. Attached is the provider's copy of the Statement of Deficiencies, which indicates 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 0030 – Resident Care – Rights & Facility Procedures – The facility failed to honor the rights of the residents to live in a safe and clean living environment.

A 0093 – Food Service – Dietary Standards - The facility failed to provide meals that were planned by a licensed dietician, and failed to maintain a 3-day supply of nonperishable food.

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.

Z816 – Background Screening; Compliance Attestation – The facility failed to ensure all employees had a signed attestation of compliance in their employee file.

You are directed to comply with the following requirements:

1). The facility must hire a licensed, professional cleaning service to clean the facility. This must include all , , floors, walls, doors, and furniture. The facility must ensure residents have clean bedding. The facility must ensure that all resident have toilet paper, paper towels, and soap at all times. This must be completed by **, 2016.**

2). The facility must provide meals from the dietician approved diet. The facility must adhere to all specialized diets. The facility must maintain a 3-day supply of nonperishable food. This must be completed **immediately**.

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

3). The facility must ensure all staff who provide services to the residents have a valid Level II background screening and have been found "eligible". The facility must ensure that all individuals who work in the facility or who "fill-in" have an employee file maintained in the facility available for review by the Agency upon request. This must be completed **immediately**.

4). The facility must ensure that all staff have a signed attestation of compliance in their employee file. 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 **Paul Brown**, St. Petersburg Field Office, (727) 552-2000.

Sincerely,

Paul F. Brown, Health Facility Evaluator Supervisor
St. Petersburg Field Office

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

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