AGENCY FOR HEALTH CARE ADMINISTRATION

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

A 2nd revisit to a complaint survey, (CCR# 2016001818), was conducted on / at Elzaida's Tender Care, 804 S. Belcher Rd, Clearwater, FL. Deficiencies were identified the day of survey.

(License # 7280)

0008 Admissions - Health Assessment

Based on interview and record review the facility failed to ensure that 2 out of 6 residents (Residents #1 and #3) had a completed Agency health assessment form 1823 (1823).

Findings included:

On / at 10:09 AM a record review was conducted of the file for Resident #1. Resident #1 was admitted to the facility on . No 1823 was located in the file. A record review was conducted of the file for Resident #3. Resident #3 was admitted to the facility on . The 1823 dated was not filled out completely. The area on the form designating if Resident #3 requires assistance with the self-administration of medications had not been completed. (Photographic evidence obtained)
On / at 10:09 AM an interview was conducted with the Owner. The Owner did not know where the 1823 for Resident #1 was located. She stated a lot of people look at the files, and she doesn't watch them. The Owner stated she was not aware that the 1823 for Resident #3 was not filled out completely. The Owner stated it is not her responsibility to verify the 1823 is complete, the information is correct, or to contact the physician to correct it; that would be the responsibility of the pharmacy. The Owner stated both Resident #1 and Resident #3 require assistance with the self-administration of medications. She stated neither need any assistance with their activities of daily living.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on interview, record review, and observation, the facility failed to honor the rights of the residents to live in a clean and safe environment, and failed to treat the residents with respect and consideration. Additionally, the facility placed residents at risk by allowing an employee to work in the facility who did not have a Level II background screening, test, or free from communicable statement.

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Findings included:

On / / at 8:45 AM the facility temperature registered as 82 degrees. The air conditioner (AC) was in the off position. All of the windows in the home were closed, and no indoor fans were running.
On / / at 10:00 AM the facility temperature registered as 85 degrees. The AC remained in the off position, and all windows remained closed. Surveyor made an attempt to open the front windows, however, two of the three window cranks were missing.
On / / at 10:00 AM an interview was conducted with the Owner. The Owner stated she turns on the AC when it gets hot, and it did not feel hot in the facility to her.
On / / at 10:37 AM an interview was conducted with Resident #3. Resident #3 stated she gets bored in the facility without any activities. Resident #3 stated she would like board games or something to do.
On / / at 10:37 AM an interview was conducted with the Owner. The Owner stated in front of several residents, including Resident #3, " You have to live with them to know how these people are. They are telling you that, but they don ' t mean it. "
On / / a request was made for the employee file for Staff A. Staff A did not have an employee file for review.
On / / at 12:48 PM an interview was conducted with the Owner. The Owner stated she does not drive and she occasionally takes a taxi to the grocery store. The Owner stated when she does this she has Staff A come to the facility and stay with the residents. The Owner further stated Staff A is paid an hourly rate and in addition to watching the residents, cleans and performs maintenance. The Owner stated she was not able to provide an employee file for Staff A because " he didn ' t give me one. " The Owner was not aware if Staff A had a Level II background screening identifying him as eligible. The Owner did not know if Staff A had obtained a screening or if he had obtained a statement declaring him free from communicable . The Owner was not aware if Staff A had received any of the required training.
On / / a review was made of the Agency for Health Care Administration background screening unit website. The Owner could not provide the date of birth for Staff A. Four possible background screenings were located. The Owner could not positively identify which of the four was Staff A.
On / / at 8:45 AM a tour was made of the facility. A large hole in the ceiling was observed in the linen closet. The linen closet had an unknown substance that appeared to be mold. # 1 had a strong odor of , no soap or toilet paper, and a soiled towel with an unknown dark substance on it lying next to the sink. The inside of the sink was discolored and a cigarette butt was observed. The ledge in the window of the bathtub had cobwebs and thick dirt. The bed of Resident #5 was a wooden, single bed, with between the bed frame and the mattress. In the space between the bed and mattress was observed to be dirt, trash, and insects. In the space between the bed frame and the wall was observed dirt and trash. An unidentified substance that appeared to be was on the door frame of a

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Resident's [illegible]. (Photographic evidence obtained)

On [illegible] at 9:20 AM an interview was conducted with Resident #2. Resident #2 stated she and the other residents take turns cleaning the [illegible]. She stated it is required, not an option.

On [illegible] at 10:43 AM an interview was conducted with Resident #4. Resident #4 stated she has to clean her [illegible] the Owner is unable to do it. She could not remember the last time anyone cleaned the inside of the shower area, or cleaned the floor.

On [illegible] at 1:58 PM an interview was conducted with the Owner. The Owner agreed the facility needed to be cleaned, and agreed there was a strong foul odor. The Owner stated " I have lost the sight in my right eye and it is hard for me to keep up " . The Owner stated the roof had been leaking and she could not repair the hole in the ceiling or the mold that had resulted from the leaks until after the roof was repaired. The Owner stated she tells the residents to clean their [illegible] and put on clean sheets, but they don ' t always listen to her.

Class II

0052 Medication - Assistance with Self-Admin

Based on interview, observation, and record review, the facility failed to ensure qualified staff provided assistance with self-administration of medications by reading the label and opening the container in the presence of the resident and documenting the resident received the medication after the medication was given for 2 out of 2 (Residents #4 and #5) sampled residents.

Findings included:

On [illegible] at 8:40 AM a record review was conducted of the MOR for Resident #5. The Owner had signed the MOR for [illegible] for the following 8:00 AM medications: [illegible] tab 81 mg; [illegible] 1 mg; [illegible] 10 mg; [illegible] 25 mcg; [illegible] 1 mg; [illegible] 100 mg; [illegible] 15 mg; multi [illegible]. (Photographic evidence obtained)
On [illegible] at 9:34 AM an observation was conducted of the Owner as she assisted with the self-administration of medications for Resident #5. The Owner was observed as she removed the prefilled medication strip packs prescribed for [illegible] at 8:00 AM. She cut them open and poured the medication into a soufflé cup. The Owner took the soufflé cup to Resident #5, handed it to her, and watched as she took the medication. The Owner did not review the MOR and compare to the medications about to be given to Resident #5. The Owner did not inform Resident #5 of the medications she provided or the purpose for each medication.

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A review was made of the Agency website. The facility was previously cited for failure to ensure qualified staff provided assistance with the self-administration of medications during surveys on / and / . The Owner was retrained in the self-administration of medications by her pharmacy.
On / / at 9:34 AM an interview was conducted with the Owner. The Owner stated she did not need to look at the MOR for Resident #5, as she had looked at the MOR yesterday. The Owner stated she signed the MOR this morning because Resident #5 likes to sleep in and she knew she would give her the medications when she woke up. The Owner did not recall being retrained in the assistance of self-administration of medications. The Owner did not see anything wrong with pre-signing the MOR. The Owner stated she does not wake up Resident #5 to provide her with her 8:00 AM medications before 9:00 AM.
On / / at 8:50 AM a record review was conducted of the MOR for Resident #4. The owner had signed the MOR for / for the following medications that were prescribed for 8:00 AM:
ER 500 mg; 40 mg; tar ½ 12.5 mg, and ER 15 mg.
The owner had not signed the MOR for the month of for .5 mg which was prescribed every 6 hours, at 6:00 AM, 12:00 PM, 6:00 PM, and 12:00 AM; 7.5 mg, prescribed for 8:00 PM; 160/4.5 mcg inhaler, which was prescribed 2 puffs by mouth twice daily, at 8:00 AM and 5:00 PM. (Photographic evidence obtained)
On / at 9:34 AM in a continued interview with the Owner she stated she does not need to sign the MOR for Resident #4 for her inhaler because she gave Resident #4 the inhaler to keep in her her. She stated Resident #4 " takes it when she wants " . The Owner does not keep the inhaler with the other medications and hand it to Resident #4 at the prescribed time and watch her use the inhaler properly.
On / / at 1:39 PM the Owner stated " I lost the sight in my right eye. I am struggling to see, to be frank. I have the bubble pack, so I know she ' s (Resident #5) getting the right meds. "

Class III

0054 Medication - Records

Based on interview and record review, the facility failed to update the medication observation record (MOR) for 1 out of 2 (Resident #4) sampled residents after the medication is offered or administered.

Findings included:

On / / at 8:50 AM a record review was conducted of the MOR for Resident #4. The owner had signed the MOR for / for the following medications that were prescribed for 8:00 AM:
ER 500 mg; 40 mg; tar ½ 12.5 mg, and ER 15 mg.
The owner had not signed the MOR for the month of for .5 mg which was prescribed

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every 6 hours, at 6:00 AM, 12:00 PM, 6:00 PM, and 12:00 AM; 7.5 mg, prescribed for 8:00 PM; 160/4.5 mcg inhaler. (Photographic evidence obtained)
On at 8:40 AM a record review was conducted of the MOR for Resident #5. The Owner had signed the MOR for for the following 8:00 AM medications: tab 81 mg; 1 mg; 10 mg; 25 mcg; 1 mg; 100 mg; 15 mg; multi . These medications had not yet been provided to Resident #5. (Photographic evidence obtained)
On at 8:55 AM an interview was conducted with the Owner. The Owner stated the MOR was not signed for the or Resident #4 because it was discontinued. The Owner had no order from a physician stating it was to be discontinued. The Owner stated it is not her job to call the physician for clarification, that is the responsibility of the pharmacy. An observation was made of the medications for Resident #4. was located with her medications, and appeared to have been provided to the resident. The Owner stated " I don ' t know what happened here. " could not be located with the medications for Resident #4. The Owner stated she had not contacted either the pharmacy or the physician to determine why the medication was on the MOR but it was not delivered.
On at 9:34 AM the Owner was observed assisting Resident #5 with the 8:00 AM medications. The Owner stated she had pre-signed the MOR for Resident #5 because she likes to sleep late, and the Owner planned to give them to her when she woke up later.

Class III

0077 Staffing Standards - Administrators

Based on interview and record review, the facility failed to be under the supervision of an Administrator who ensured that 1 out of 1 (the Owner) sampled staff were providing assistance with self-administration of medications per the requirements in 429.256, F.S.; the facility failed to ensure that 2 out of 2 sampled staff (the Owner and the Administrator) 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; the facility failed to ensure that the facility maintained an employee file for 1 out of 3 (Staff A) sampled staff who work at the facility; the facility failed to follow dietary guidelines; and the facility failed to provide a safe and decent living environment for 5 out of 5 (Residents #1-5) sampled residents.

Findings included:

1) On at 8:40 AM a record review was conducted of the MOR for Resident #5. The Owner had signed the MOR for for the following 8:00 AM medications: tab 81 mg; 1 mg; 10 mg; 25 mcg; 1 mg; 100 mg;

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15 mg; multi . However, the Owner had not yet provided these medications to Resident #5. (Photographic evidence obtained)

On / / at 9:34 AM an observation was conducted as the Owner as she assisted with the self-administration of medications for Resident #5. The Owner was observed as she removed the prefilled medication strip packs prescribed for / / at 8:00 AM. She cut them open and poured the medication into a soufflé cup. The Owner took the soufflé cup to Resident #5, handed it to her, and watched as she took the medication. The Owner did not review the MOR and compare to the medications about to be given to Resident #5. The Owner did not inform Resident #5 the medications she was about to be given and the purpose for each medication.

On / / at 9:34 AM an interview was conducted with the Owner. The Owner stated she did not need to look at the MOR for Resident #5, as she had looked at the MOR yesterday. The Owner stated she signed the MOR this morning because Resident #5 likes to sleep in and she knew she would give her the medications when she got up. The Owner did not recall being retrained in the assistance of self-administration of medications. The Owner did not see anything wrong with pre-signing the MOR. The Owner stated she does not wake up Resident #5 to provide her with her 8:00 AM medications before 9:00 AM. The Owner stated she does not sign the MOR for Resident #4 for the inhaler because Resident #4 keeps that in her her and takes it when she wants. The Owner does not keep the inhaler with the other medications and hand it to Resident #4 at the prescribed time and watch her use the inhaler properly.

On / / at 1:39 PM in a continued interview with the Owner, she stated " I lost the sight in my right eye. I am struggling to see, to be frank. I have the bubble pack, so I know she ' s getting the right meds. "

2) On / / at 9:10 AM a record review was conducted of the employee file for the Administrator. No signed attestation of compliance was located in the employee file.

On / / at 9:10 AM a record review was conducted of the employee file for Owner. No signed attestation of compliance was located in the employee file. (Photographic evidence obtained)

On / / at an interview was conducted with the Owner. The Owner stated she wasn ' t aware that a signed attestation of compliance was required. The Owner stated the Administrator had not provided one for personnel file.

3) On / / at a record review was attempted of the employee file for Staff A. No employee file could be located.

On / / an interview was conducted with the Owner. The Owner stated she does not drive and she occasionally takes a taxi to the grocery store. The Owner stated when she does this she has Staff A come over and stay with the residents. The Owner further stated Staff A is paid an hourly rate and in addition to watching the residents, cleans and performs maintenance. The Owner stated she was not able to provide an employee file for Staff A because " he didn ' t give me one. " The Owner was not aware if Staff A had a Level II background screening identifying him as eligible. The Owner did not know if Staff A had obtained a screening or if he had obtained a statement declaring him free from

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communicable .
On / / at a record review was conducted of a check written by the Owner to Staff A. The check was written on / / for $520. In the line " for " was written " care aid. " (Photographic evidence obtained)
4) On / / a record review was conducted of the posted dietician approved menu posted on the refrigerator. The lunch menu was posted as meatloaf (4 oz.), mashed potato (1 cup) broccoli (1/2 cup) mixed salad (1 cup) salad dressing (1 T) gelatin (1/2 cup) DB: SF gelatin. The dinner menu was posted as soup of the day (6 oz.) fish filet (3 oz.) on (1) cole slaw (1/2 cup) peaches (1/2 cup). Bedtime snack was listed as milk/beverage (8 oz.) and cookies (3). (Photographic evidence obtained)

On / / at 10:17 AM an interview was conducted with Resident #3. Resident #3 stated she had to call a family member to bring her food and some beverages. She stated they are not provided with drinks other than 1 cup of coffee in the morning and water. Resident #3 stated they rarely have milk or sugar to add to the coffee. Resident #3 stated she is frequently hungry and has to call family members because the Owner will not provide a second helping if she is still hungry. She stated the meals for breakfast and dinner are small portions.

On / / at 10:40 AM a family member of Resident #3 pulled up outside and Resident #3 walked outside and was handed a bag with ice tea and food.

On / / at 10:43 AM an interview was conducted with Resident #4. Resident #4 stated she purchases a lot of her food on her own, because she has special dietary needs that the Owner does not meet. Resident #4 stated she requires a diet and the Owner does not comply.

On / / at 10:45 AM a record review was conducted of the 1823 for Resident #4 dated . identified that Resident #4 required a diet. A review was conducted of the 1823 dated / / . The area on the form designating if Resident #4 required a specialized diet read " regular diet " . (Photographic evidence obtained)

On / / at 10:50 AM an interview was conducted with the Owner. The Owner stated " not all of the 1823 ' s say she needs a diet. " The Owner stated she does not provide Resident #4 with a diet. The Owner stated the 1823 dated / / came with Resident #4 back from the hospital, and was filled out by a doctor who did not know Resident #4. The Owner did not call either the hospital or Resident #4 ' s physician to clarify whether or not Resident #4 required a diet.

On / / at 10:41 AM an observation was made as Resident #5 requested something to eat because she didn ' t wake up until 9:30 AM. The Owner was heard telling her she had to wait for lunch because she missed breakfast.

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On / / at 10:42 AM an interview was conducted with Resident #5. Resident #5 said she never gets up for breakfast when it is served at 7:00 AM, she likes to sleep late. Resident #5 stated she didn ' t understand why she couldn ' t eat breakfast when she woke up.

On / / at 12:10 PM an observation was conducted of the owner preparing lunch. The Owner stated "I make what I have." The Owner was observed serving chicken pot pies with cabbage to three residents, and meatloaf with corn, carrots, and cabbage to two residents. All five residents brought their own beverage to the table, as no drinks had been provided by the Owner. Resident #3 was observed requesting more food, but was ignored by owner. Resident #3 left the table and stated " you never get enough " .

On / / an observation was made of the food items in the facility. The facility did not have any of the items to prepare the dinner that was posted on the menu. The facility did not have the items on the menu for the following day ' s breakfast, lunch, or dinner. An observation was conducted of the items in the refrigerator, which consisted of an opened package of deli ham, bologna, a molding cucumber, and a small pot of a cream style soup with a plate as the cover. The hallway had several shelves that contained a few canned goods, including one that expired on , 2016.

On / / / at 2:37 PM an interview was conducted with the Owner. The Owner stated she planned to provide ham sandwiches for dinner. There was not enough ham to provide sandwiches for all five of the residents. The Owner stated she would mix ham and bologna. The Owner stated she would not provide any sides to go with the sandwiches. The Owner stated she had last shopped for groceries on . The receipt for the groceries showed that she had spent $295.95. The Owner stated she does not drive and she did not have a plan as to when she would next go shopping for groceries.

On at 9:23 AM an interview was conducted with Staff A. Staff A stated he worked at the facility for 3 days at the end of . He stated he purchased beverages for the residents, because only water was available. Staff A stated the facility did not have an adequate supply of food for the needs of the residents, and he had to purchase food with his own money. He stated there were a lot of hot dogs. He was told to give the residents sandwiches for dinner with one slice of deli meat and one piece of cheese, but he did not feel that was enough for an adult for dinner. Staff A stated he was not able to follow the menu while he was working at the facility.

On / / an observation was conducted of the 3-day supply of nonperishable foods. The supply consisted of 16 cans of tuna, 4 cans of fruit cocktail, 4 cans of evaporated milk, and one box of cereal.

On / / in a continued interview with the Owner, she stated that she did not have time to

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purchase an emergency food supply prior to the recent hurricane because she never received a fax from the Agency. The Owner stated she has always received prior warning by the Agency of an impending emergency, and that would be the time she would purchase the supplies.

5) On / / at 8:45 AM a tour was made of the facility. A large hole in the ceiling was observed in the linen closet. The linen closet had an unknown substance that appeared to be mold. # had a strong odor of , no soap or toilet paper, and a soiled towel with an unknown dark substance on it lying next to the sink. The inside of the sink was discolored and a cigarette butt was observed. The ledge in the window of the bathtub had cobwebs and thick dirt. The bed of Resident #5 was a wooden, single bed, with between the bed frame and the mattress. In the space between the bed and mattress was observed to be dirt, trash, and insects. Between the bed frame and the wall was observed dirt and trash. An unidentified substance that appeared to be was on the door frame of a Resident ' s . (Photographic evidence obtained)

On / / at 1:58 PM an interview was conducted with the Owner. The Owner agreed the facility needed to be cleaned, and stated " I have lost the sight in my right eye and it is hard for me to keep up " . The Owner stated the roof had been leaking and she could not repair the hole in the ceiling or the mold that had resulted from the leaks until after the roof was repaired. The Owner stated she tells the residents to clean their and put on clean sheets, but they don ' t always listen to her.

Class II

0093 Food Service - Dietary Standards

Based on interview and record review, the facility failed to provide meals that were planned by a licensed or registered dietician and based on the USDA dietary guidelines, and failed to maintain a 3-day supply of nonperishable food.

Finding included:

On / / a record review was conducted of the posted dietician approved menu posted on the refrigerator. The lunch menu was posted as meatloaf (4 oz.), mashed potato (1 cup) broccoli (1/2 cup) mixed salad (1 cup) salad dressing (1 T) gelatin (1/2 cup) DB: SF gelatin. The dinner menu was posted as soup of the day (6 oz.) fish filet (3 oz.) on (1) cole slaw (1/2 cup) peaches (1/2 cup). Bedtime snack was listed as milk/beverage (8 oz.) and cookies (3). (Photographic evidence obtained)

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On /_ at 10:17 AM an interview was conducted with Resident #3. Resident #3 stated she had to call a family member to bring her food and some beverages. She stated they are not provided with drinks other than 1 cup of coffee in the morning and water. Resident #3 stated they rarely have milk or sugar to add to the coffee. Resident #3 stated she is frequently hungry and has to call family members because the Owner will not provide a second helping if she is still hungry. She stated the meals for breakfast and dinner are small portions.

On / at 10:40 AM a family member of Resident #3 pulled up outside and Resident #3 walked outside and was handed a bag with ice tea and food.

On / /_ at 10:43 AM an interview was conducted with Resident #4. Resident #4 stated she purchases a lot of her food on her own, because she has special dietary needs that the Owner does not meet. Resident #4 stated she requires a diet and the Owner does not comply.

On / / at 10:45 AM a record review was conducted of the 1823 for Resident #4 dated . identified that Resident #4 required a diet. A review was conducted of the 1823 dated /_. The area on the form designating if Resident #4 required a specialized diet read " regular diet " . (Photographic evidence obtained)

On / /_ at 10:50 AM an interview was conducted with the Owner. The Owner stated " not all of the 1823 ' s say she needs a diet. " The Owner stated she does not provide Resident #4 with a diet. The Owner stated the 1823 dated /_ came with Resident #4 back from the hospital, and was filled out by a doctor who did not know Resident #4. The Owner did not call either the hospital or Resident #4 ' s physician to clarify whether or not Resident #4 required a diet.

On / /_ at 10:41 AM an observation was made as Resident #5 requested something to eat because she didn ' t wake up until 9:30 AM. The Owner was heard telling her she had to wait for lunch because she missed breakfast.

On /_ at 10:42 AM an interview was conducted with Resident #5. Resident #5 said she never gets up for breakfast when it is served at 7:00 AM, she likes to sleep late. Resident #5 stated she didn ' t understand why she couldn ' t eat breakfast when she woke up.

On / at 12:10 PM an observation was conducted of the owner preparing lunch. The Owner stated "I make what I have." The Owner was observed serving chicken pot pies with cabbage to three residents, and meatloaf with corn, carrots, and cabbage to two residents. All five residents brought their own beverage to the table, as no drinks had been provided by the Owner. Resident #3 was observed

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requesting more food, but was ignored by owner. At the end of the meal Resident #3 left the table and stated " you never get enough " .

On / / an observation was made of the food items in the facility. The facility did not have any of the items to prepare the dinner that was posted on the menu. The facility did not have the items on the menu for the following day ' s breakfast, lunch, or dinner. An observation was conducted of the items in the refrigerator, which consisted of an opened package of deli ham, bologna, a molding cucumber, and a small pot of a cream style soup with a plate as the cover. The hallway had several shelves that contained a few canned goods, including one that expired on , 2016. (Photographic evidence obtained)

On / at 12:48 PM an interview was conducted with the Owner. The Owner stated she puts out breakfast for Resident #5 at 7:00 AM. She will leave it out for about two hours. She then commented " Why keep it? She ' s not going to eat it. " The Owner then stated that Resident #5 can eat lunch which is served between 11:00 AM and 12:00 PM.

On at 9:23 AM an interview was conducted with Staff A. Staff A stated he worked at the facility for 3 days at the end of . He stated he purchased beverages for the residents, because only water was available. Staff A stated the facility did not have an adequate supply of food for the needs of the residents, and he had to purchase food with his own money. He stated there were a lot of hot dogs. He was told to give the residents sandwiches for dinner with one slice of deli meat and one piece of cheese, but he did not feel that was enough for an adult for dinner. Staff A stated he was not able to follow the menu while he was working at the facility.

On / / a record review was made of the facility ' s substitution log. The substitution log had not been used since . (Photographic evidence obtained)

On / at 2:37 PM an interview was conducted with the Owner. The Owner stated she planned to provide ham sandwiches for dinner. There was not enough ham to provide sandwiches for all five of the residents. The Owner stated she would mix ham and bologna. The Owner stated she would not provide any sides to go with the sandwiches. The Owner stated she had last shopped for groceries on . The receipt for the groceries showed that she had spent $295.95. The Owner stated she does not drive and she did not have a plan as to when she would next go shopping for groceries. The Owner stated she does not make a grocery list based off of the dietician-approved menu.

On / / an observation was conducted of the 3-day supply of nonperishable foods. The supply consisted of 16 cans of tuna, 4 cans of fruit cocktail, 4 cans of evaporated milk, and one box of cereal.

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

On / / at 12:48 PM in an interview with the Owner, she stated that she did not have time to purchase an emergency food supply prior to the recent hurricane because she never received a fax from the Agency. The Owner stated she has always received prior warning by the Agency of an impending emergency, and that would be the time she would purchase the supplies.

Class II

0152 Physical Plant - Safe Living Environ/Other

Based on interview and observation, the facility failed to provide a safe living environment for 5 out of 5 residents in the facility. Specifically, the facility failed to provide clean bedding, furnishings, and structure.

Findings included:

On / / at 8:45 AM a tour was made of the facility. A large hole in the ceiling was observed in the linen closet. The linen closet had an unknown substance that appeared to be mold. # had a strong odor of , no soap or toilet paper, and a soiled towel with an unknown dark substance on it lying next to the sink. The inside of the sink was discolored and a cigarette butt was observed. The ledge in the window of the bathtub had cobwebs and thick dirt. The bed of Resident #5 was a wooden, single bed, with between the bed frame and the mattress. In the space between the bed and mattress was observed to be dirt, trash, and insects. Between the bed frame and the wall was observed dirt and trash. An unidentified substance that appeared to be was on the door frame of a Resident ' s room. (Photographic evidence obtained)

On / / at 9:20 AM an interview was conducted with Resident #2. Resident #2 stated she and the other residents take turns cleaning the . She stated it is required, not an option.

On / / at 10:43 AM an interview was conducted with Resident #4. Resident #4 stated she has to clean her the Owner is unable to do it. She could not remember the last time anyone cleaned the inside of the shower area, or cleaned the floor.

On / / at 1:58 PM an interview was conducted with the Owner. The Owner agreed the facility needed to be cleaned, and agreed there was a strong foul odor. The Owner stated " I have lost the sight in my right eye and it is hard for me to keep up " . The Owner stated the roof had been leaking and she could not repair the hole in the ceiling or the mold that had resulted from the leaks until after the roof

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	AL11943141	R 10/11/2016
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

was repaired. The Owner stated she tells the residents to clean their and put on clean sheets, but they don't always listen to her.

Class III

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 A0058 Reg. # 429.42(1-2) FS; 58A-5.033(3)(a) FAC 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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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☑	**REVIEWED BY (INITIALS)** RB	**DATE** 10/24/16	**SIGNATURE OF SURVEYOR**	**DATE**
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 3/1/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			

 EVENT ID: LUO913

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

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