STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967799	11/30/2016
NAME OF PROVIDER OR SUPPLIER VILLA LA ESPERANZA II LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6021 WEST PARIS STREET TAMPA, FL 33634	

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

0000 - Initial Comments

Assisted Living Facility

A monitoring visit was conducted on / at Villa la Esperanza, (license # 11788), 6021 W. Paris St., Tampa, FL in conjunction with an unlicensed activity complaint survey, (CCR# 2016011965), at 212 W. Minehaha St, Tampa, FL. Deficiencies were identified the day of survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interview, the facility failed to honor resident rights for ten out of ten (Residents 1-10) sampled residents. The facility placed ten out of ten residents at risk by allowing two out of three (Staff B, and Staff C) sampled staff to work in the facility and have access to the residents and their private information without a Level II background screening, and two out of three (Staff B and Staff C) without any training, including First Aid and ( ). In addition, the facility failed to honor one out of eight (Resident #5) sampled residents right to privacy, and failed to honor ten out of ten (Residents 1-10) sampled residents right to the basic necessities, including toilet paper, soap, and paper towels.

Findings included:

On / at 10:50 AM an observation was conducted of the facility. # had no toilet paper and no soap. # had no toilet paper, no soap, and no paper towels. # had no toilet paper, no soap, and no paper towels.
On / at 12:59 PM an interview was conducted with Staff A. Staff A stated if a resident needs to use the have to request toilet paper from a staff person for each use.
On / at 1:40 PM an observation was made of Staff B as she entered # without knocking. Resident #5 could be observed seated on the toilet. Staff B left the door open as she placed towels and soap in the .
On / at 1:50 PM an interview was conducted with Resident #5. Resident #5 stated she does not require assistance with toileting. Resident #5 stated she did not appreciate that Staff B entered the knocking or permission. Resident #5 stated she was embarrassed when the door was left open so that she could be observed by residents and guests walking by.
On / at 1:55 PM an interview was conducted with Staff A. Staff A stated Staff B should have knocked before entering the , and should not have left the door open.
On / at 10:50 AM an attempt was made to interview Staff B and Staff C. Neither employee spoke English.

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On 11/30/2016 at 11:06 AM an interview was conducted with Resident #2. Resident #2 stated they have to have Resident #10 interpret for them when they need to speak to either Staff B or Staff C. Resident #2 stated if Resident #10 is asleep, they have to wake him up.
On 11/30/2016 at 11:08 AM an interview was conducted with Resident #10. Resident #10 stated he has to interpret for the residents in the facility who speak English. Resident #10 stated the non-Spanish speaking residents have to wake him up when he is sleeping if there is a Spanish-only speaking employee working.
On 11/30/2016 at 10:50 AM an observation was made of Staff B and Staff C working in the facility. No other employees were in the facility.
On 11/30/2016 at 10:50 AM an attempt was made to interview Staff B and Staff C. Neither Staff B nor Staff C spoke English.
On 11/30/2016 at 11:15 AM an interview was conducted with Staff A. Staff A stated Staff B and Staff C are just helping out and do not have an employee file or any training. Staff A stated neither Staff B nor Staff C have training in First Aid or .
On 11/30/2016 a record review was conducted of the Agency for Health Care Administration background screening website. Staff B was located and the screening read " a new screening is required. "
On 11/30/2016 a record review was conducted of the Agency for Health Care Administration background screening website. Staff C was not located on the background screening website.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to store medications in a locked cabinet, locked cart, or other locked storage receptacle.

Findings included:

On 11/30/2016 at 10:50 AM an observation was made of several boxes of prescription medications in the unlocked closet in # . The door to #2 was unlocked and open. (Photo)
On 11/30/2016 at 11:50 AM an interview was conducted with Staff A. Staff A stated the pharmacy delivered the medications yesterday and told her she needed to put them in a locked cabinet. She stated she forgot to move them to a locked location.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on interview, observation, and record review, the facility failed to maintain an accurate 24-hour

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staffing schedule.

Findings included:

On 11/ at 11:49 AM an attempt was made to review the staffing schedule. There was no posted staffing schedule.
On / at 11:49 AM an interview was conducted with Staff A. Staff A stated there was no staffing schedule. Staff A then went and printed a staffing schedule she provided to surveyor.
A record review was conducted of the staffing schedule. The schedule was dated / through 11/ . There was no schedule for 11/ . Staff A, Staff B, and Staff C were not listed as employees on the current month of the staffing schedule. Staff A stated " I have to be on there? " Staff A further stated that Staff B and Staff C were just " helping out " and not on the schedule. (Photo)

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on interview and record review, the facility failed to ensure 2 out of 3 (Staff B and Staff C) sampled employees who were left alone with residents in the facility had obtained training in First Aid and ( ).

Findings included:

On / at 10:50 AM an observation was made of Staff B and Staff C working in the facility. No other employees were in the facility.
On / at 10:50 AM an attempt was made to interview Staff B and Staff C. Neither Staff B nor Staff C spoke English.
On 11/ at 11:15 AM an interview was conducted with Staff A. Staff A stated Staff B and Staff C are just helping out and do not have an employee file or any training. Staff A stated neither Staff B nor Staff C have training in First Aid or .

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on interview, record review, and observation, the facility failed to maintain a 3-day supply of non-perishable food for the current census of ten residents.

Findings included:

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On 11/30/2016 at 1:20 PM an observation was conducted of the 3-day supply of emergency non-perishable food. In the cabinet were 4 rolls of toilet paper, a bottle of shampoo, 6 cans of assorted canned food items, 4 boxes of pasta, a bag of plantain chips, two boxes of hot chocolate, and two containers of oatmeal. (Photo)
On [redacted] at 1:20 PM a record review was conducted of the list on the door of the cabinet which detailed the non-perishable items which should be stored in the cabinet. The items on the list were not observed in the cabinet. (Photo)
On 11/[redacted] at 1:55 PM an interview was conducted with Staff A. Staff A stated she needed to replenish the items in the emergency food supply cabinet, and she had not done so. She was aware that the supply was not adequate.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on interview, observation, and record review, the facility failed to maintain an up-to-date admission and discharge log.

Findings included:

On [redacted] at 10:50 AM an observation was conducted of the facility plant. The facility had the ability to sleep ten individuals, but was only licensed for six.
On [redacted] at 11:16 AM a record review was conducted of the admission discharge log. Resident #4 was admitted on [redacted]. Resident #7 was admitted on [redacted]. Resident #8 was admitted on [redacted]. Resident #9 was admitted on [redacted]. Resident #10 was admitted on [redacted]. Resident #11 was admitted on [redacted]. Residents #1, #2, #3, #5, and #6 were not on the admission discharge log. (Photo)
On [redacted] at 11:25 AM a record review was conducted of the Medication Observation Record (MOR). MORs for Resident #11 and Resident #12 were located in the MOR book for the month of [redacted]. The MOR for Resident #12 was signed as of [redacted].
On [redacted] at 11:25 AM record review was conducted of the Medication Observation Record (MOR) book. A second admission and discharge log was located at the front of the MOR. Resident #2 was listed on the second admission discharge log. Resident #2 was admitted on [redacted]. No discharge date was listed. The log stated he was admitted from " Tampa community. " (Photo)
On [redacted] at 1:55 PM an interview was conducted with Staff A. Staff A stated she did not know Resident #11 or Resident #12. She denied either lived in the facility at this time. She could not say when they were discharged or to which location. Staff A could not locate a file on either resident for family

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contact information.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on interview, observation, and record review, the facility failed to maintain personnel records for 2 out of 3 (Staff B and Staff C) sampled staff working in the facility.

Findings included:

On / at 10:50 AM an observation was conducted of Staff B and Staff C working in the facility.
On / at 11:15 AM Staff A arrived at the facility. Staff A stated Staff B and Staff C were " just helping out " and there were no employee files for either Staff A or Staff B. She stated neither Staff B nor Staff C had a Level II background screening, test, statement that they were free from communicable , documentation of training in First Aid or ( ), or any of the required trainings.
On / at 11:47 AM an interview was conducted with Resident #5. Resident #5 stated breakfast is normally provided by Staff B or Staff C. Resident #5 stated both Staff B and Staff C are regular employees in the facility.
On / at 10:58 AM an interview was conducted with Resident #4. Resident #4 stated Staff B cooked breakfast for the residents this morning assisted by Staff C.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview and record review, the facility failed to maintain the employee roster on the Agency website with all current employees of the facility.

Findings included:

On / at 10:50 AM an observation was made of Staff B and Staff C working in the facility. No other employees were in the facility at the time. Staff B called Staff A, who arrived several minutes later.
On / a record review was conducted of the facility ' s employee roster on the Agency for Health Care Administration background screening website. Staff A, Staff B, and Staff C were not observed.
On / at 11:50 AM an interview was conducted with Staff A. Staff A stated she has been covering for the Administrator. She stated she has worked 11 days so far. She was unsure when the

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Administrator would return. Staff A stated Staff B and Staff C were helping her out at the facility but did not have a background screen, or any employee file.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on interview and record review the facility failed to ensure that 2 out of 3 (Staff B, and Staff C) sampled staff had a Level II background screening prior to working in the facility with residents.

Findings included:

On 11/ at 11:30 AM an attempt was made to review an employee file for Staff B. Staff A stated Staff B does not have an employee file for review.
On 11/ at 11:30 AM an attempt was made to review an employee file for Staff C. Staff A stated Staff C does not have an employee file for review.
On 11/ a record review was conducted of the Agency for Health Care Administration background screening website. Staff B was located and the screening read " a new screening is required. "
On 11/ a record review was conducted of the Agency for Health Care Administration background screening website. Staff C was not located on the background screening website.
On 11/ at 11:40 AM an interview was conducted with Staff A. Staff A stated neither Staff B nor Staff C had a Level II background screening prior to beginning work at the facility.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on interview and record review the facility failed to have a signed compliance attestation in the employee file for 3 out of 3 (Staff A, Staff B, and Staff C) sampled employees.

Findings included:

On 11/ at 11:30 AM a record review was conducted of the employee file for Staff A. No attestation of compliance was located in the file.
On 11/ at 11:40 AM an interview was conducted with Staff A. Staff A was not familiar with the attestation of compliance and was unable to locate it within the file.
On 11/ at 11:30 AM an attempt was made to review the file for Staff B. There was no employee file for Staff B. Staff A stated there is no signed attestation of compliance for Staff B.
On 11/ at 11:30 AM an attempt was made to review the file for Staff C. There was no employee

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file for Staff C. Staff A stated there is no signed attestation of compliance for Staff C.

Unclassified

Z828 - Administrative Fines; Violations - 408.813(3)

Based on interview, observation, and record review, the facility was determined to have violated the terms and conditions of the assisted living facility license by exceeding its licensed capacity. Specifically, the facility had ten residents in a facility licensed for six.

Findings included:

On 11/ at 10:50 AM an observation was conducted of the facility. The facility had the ability to sleep ten residents.
On 11/ at 11:16 AM a record review was conducted of the admission discharge log. Resident #4 was admitted on . Resident #7 was admitted on . Resident #8 was admitted on 11/ . Resident #9 was admitted on . Resident #10 was admitted on 11/ . Resident #11 was admitted on . Residents #1, #2, #3, #5, and #6 were not on the admission discharge log.(Photo)
On 11/ at 11:25 AM a record review was conducted of the Medication Observation Record (MOR) book. A second admission and discharge log was located at the front of the MOR. Resident #2 was listed on the second admission discharge log. Resident #2 was admitted on . No discharge date was listed. The log stated he was admitted from " Tampa community. " (Photo)
On 11/ at 10:51 AM an interview was conducted with Resident #1. Resident #1 stated he lives in the facility. He stated he currently shares # with two other residents. He stated he had not lived there long, as he had just transferred in from another location.
On 11/ at 11:50 AM an interview was conducted with Staff A. Staff A stated Resident #1 is only in the facility for daycare.
An interview was conducted with Resident #2. Resident #2 stated he lives in the facility. He shares a two other men. Resident #2 stated he was just moved over from the home of Staff A. An observation was conducted of his sleeping area. He had personal items surrounding his bed.
On 11/ at 11:50 AM an interview was conducted with Staff A. Staff A stated Resident #2 was only in the facility for daycare.
On 11/ at 12:25 PM an interview was conducted with a family member of Resident #2. The family member stated Resident #2 has lived in the facility for approximately a year. He stated he visits Resident #2 but Resident #2 does not come home with him or live with him.
On 11/ at 11:06 AM an interview was conducted with Resident #3. Resident #3 stated she has been living in the facility for several days and has had to sleep on the sofa.

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On 11/30/2016 at 10:58 AM an interview was conducted with Resident #4. Resident #4 stated she has lived in the facility for 3 months.
On / at 11:00 AM an interview was conducted with Resident #5. Resident #5 stated she has lived in the facility for 3 months. She stated she spent the night at her son ' s house on / but she has spent every other night at the facility since then. She stated she asked her son if she could spend the night with him on Monday night and he said no she " had to go home. " Resident #5 stated the facility is her home. An observation was conducted of Resident #5 ' s . She had a private she had personal items to include clothes, framed pictures, and toiletries in the .
(Photo)
On at 11:50 AM Staff A stated Resident #5 is a daycare resident and does not live in the facility.
On / a record review was conducted of the resident sign out log. The log began on / . Resident #5 had been signed out of the facility as far back as on multiple occasions by two separate family members. She was signed out as early as 9:08 AM, and each visit was signed back in at the facility several hours later.
On / at 10:56 AM an interview was conducted with Resident #6. Resident #6 stated her family moved and she moved in to the facility at that time. She stated she has been in the facility for about two weeks. An observation was conducted of her . She shared the one other resident. Her personal items included clothes and toiletries, and were observed on her side of the . Resident #6 was observed as she made the bed.
On / at 11:50 AM an interview was conducted with Staff A. Staff A stated Resident #6 doesn ' t live in the facility and is only staying temporarily while Department of Children and Families (DCF) locates a place for her to live.
On / at 12:13 PM an interview was conducted with the DCF Adult Protective services counselor. She stated she spoke with Staff A two weeks ago, and Staff A stated that Resident #6 was able to live permanently in the facility, therefore, she is not looking for placement for the resicent.
On / at 10:50 AM an observation was conducted of # . # had the personal belongings of Resident #7 and Resident #8. The a queen-size bed. Personal belongings were observed for both Resident #7 and Resident #8.
On 11/ at 11:50 AM an interview was conducted with Staff A who stated both Residents #7 and #8 currently live in # , but were not in the facility for interview at the time of survey.
On 11/ at 10:53 AM an interview was conducted with Resident #9. She stated she has a private . An observation was made of # . Resident #9 had clothes and personal items observed throughout the .
On / at 11:02 AM an interview was conducted with Resident #10. Resident #10 stated he lives in the facility and currently shares a two other residents. An observation was conducted of # . Resident #10 had clothing and personal items observed.

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On 11/30/2016 at 11:25 AM an observation was conducted of the medications for Resident #11 in the medication cabinet. A record review was conducted of the admission and discharge log. Resident #11 was admitted on . No discharge date was listed.
On / at 11:25 AM a record review was conducted of the MOR book. A MOR was observed for Resident #12. The MOR had been signed as of 11/ .
On / at 1:55 PM an interview was conducted with Staff A. Staff A stated she did not know who Resident #11 was, and stated he is not a current resident in the facility. Staff A stated she did not know Resident #12 and stated Resident #12 is not a current resident in the facility.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

_____, 2016

Administrator
Villa La Esperanza II LLC
6021 West Paris Street
Tampa, FL 33634

Dear Administrator:

This letter reports the findings of a monitoring visit 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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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 Kaufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90