Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967799	A. BUILDING: _____ B. WING _____	R 02/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA LA ESPERANZA II LLC	6021 WEST PARIS STREET TAMPA, FL 33634

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments Assisted Living Facility A revisit to a monitoring visit was conducted from through at Villa la Esperanza, (license #11788), located at 6021 W. Paris St, Tampa, FL. Deficiencies were identified the day of the visit.	{A 000}		
A 025 SS=D	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 (1) An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and	A 025		

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A 025	Continued From page 1 physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on interview, observation, and record review, the facility failed to update one (Resident #3) resident's record upon a change in condition. Findings include: On at 10:40 AM an observation was conducted of Resident #3 in a wheelchair with a soft on her right ankle up to her knee. On at 10:48 AM an interview was conducted with Resident #3. Resident #3 stated she had a at the facility and her ankle. Resident #3 stated she has to use a wheelchair because she is unable to ambulate independently at this time. On a record review was conducted of	A 025		

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A 025	Continued From page 2 the file for Resident #3. There were no observation notes regarding the incident in her chart. No notes were located regarding the [redacted] or the need to use adaptive equipment for ambulation. No discharge paperwork or discharge instructions were located in the file. On [redacted] a record review was conducted of a file that Staff A stated contained only bills for the facility. A medical encounter report form from fire rescue dated [redacted] read "right ankle pain." The discharge paperwork from the hospital dated [redacted] was also observed in the file. It read "you have a [redacted] of the ankle". On [redacted] at 1:25 PM an interview was conducted with Staff A. Staff A stated Resident #3 [redacted] on the back porch and reported pain to her right ankle. Staff A stated [redacted] was called and Resident #3 was transported to the hospital where it was determined she had a [redacted] ankle. Staff A stated no she had not filled out any observation notes, or had any follow-up care. Staff A stated there was no additional documentation regarding the care of the ankle [redacted]. Class III	A 025		
{A 030} SS=D	58A-5.0182(6) FAC; 429.28(1-2) FS Resident Care - Rights & Facility Procedures 58A-5.0182(6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the	{A 030}		

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{A 030}	Continued From page 3 admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures must at a minimum address the facility ' s policies regarding: 1. Resident responsibilities; 2. and tobacco; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and	{A 030}		

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{A 030}	Continued From page 4 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation, unless the facility rules or the facility contract includes a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of Section 429.41(1)(k), F.S., the use of physical . . . . . by a facility must be reviewed by the resident ' s physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and	{A 030}		

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{A 030}	Continued From page 5 with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.	{A 030}		

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{A 030}	Continued From page 6 (j) Access to adequate and appropriate health care consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally [illegible], the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without [illegible], interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, [illegible], and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. ... The notice must state that a complaint made to the Office of State Long-Term Ombudsman or a local long-term care ombudsman council, the names and identity of complainants are kept confidential	{A 030}		

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{A 030}	Continued From page 7 pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the local ombudsman council, central hotmail, and , Rights Florida. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to honor the rights of two out of seven residents (Residents #5 and #6) by not providing a toilet seat in the , and no paper towels. The facility failed to honor the rights of six out of seven (Residents #1, #2, #3, #5, #6, and #7) residents who are unable to communicate with an employee who does not speak the same language as the residents, and is in the facility for at least eight hours per day as the only employee. Findings include: On at 10:40 AM a tour was conducted of the facility. # located at the back of the building in # had no toilet seat. The , available to multiple residents, had no paper towels. On at 10:50 AM an interview was conducted with Resident #5. Resident #5 stated the has been broken for "a while" and has been reported to Staff A. Resident #5 stated it is inconvenient in the night when he and his have to use the the hallway, which is shared by four additional residents and an employee.	{A 030}		

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{A 030}	Continued From page 8 On at 11:48 AM an interview was conducted with Staff A. Staff A stated she was aware the not have a toilet seat and she would have it replaced. On at 10:40 AM an interview was attempted with Staff B. Staff B responded in Spanish that she did not speak English. Staff B was the only employee working in the facility. On at 10:42 AM an interview was conducted with Resident #6. Resident #6 stated Staff B does not speak English and he does not speak Spanish. He stated he has to locate or wake up the one resident who speaks Spanish to translate. Resident #6 was not sure how he would convey a medical emergency other than grabbing his chest. On at 10:50 AM an interview was conducted with Resident #5. Resident #5 stated he does not speak Spanish and he has to use a resident to translate his needs to Staff B. On at 10:47 AM an interview was conducted with Resident #4. Resident #4 stated he has to translate for the residents in the facility. He stated he is the only resident who speaks Spanish and is able to translate. Resident #4 stated if he is asleep, the other residents have to wake him up. Class III	{A 030}		
A 077 SS=G	429.176 FS; 58A-5.019(1) FAC Staffing Standards - Administrators 429.176	A 077		

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A 077	Continued From page 9 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator has completed the applicable core educational requirements under s. 429.52. 58A-5.019 Staffing Standards. (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], 1995, have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to Sections 408.809 and 429.174, F.S.; and 4. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C., no later than 90 days after becoming employed as a facility administrator. Individuals who have successfully completed these requirements before [illegible], 2014, are not required to take either the 40 hour core training or test unless specified elsewhere in this rule. Administrators who attended core training prior to [illegible], 1997, are not required to take the competency test unless specified elsewhere in this rule. 5. Satisfy the continuing education requirements	A 077		

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A 077	Continued From page 10	A 077		

pursuant to Rule 58A-5.0191, F.A.C.
Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department.
(b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraphs (1)(a)4. of this rule to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:
1. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C.; and
2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.
(c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.
(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements of an administrator pursuant to paragraph (1)(a) of this rule. Managers who

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A 077	Continued From page 11 attended the core training program prior to [redacted], 1997, are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not [redacted], serve as an administrator of any other facility. (e) Pursuant to Section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, [redacted], 2013, which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04002. This Statute or Rule is not met as evidenced by: Based on interview, observation, and record review, the facility placed seven out of seven residents at risk by the facility's failure to be under the supervision of a core trained Administrator to ensure all residents received appropriate care by qualified staff. 1) The facility failed to ensure that in the absence of the Administrator, oversight was provided by a manager with the same qualifications, including core training. 2)The facility failed to be under the supervision of an Administrator who ensured 3 out of 3 sampled staff (Staff A, Staff B, and Staff C) 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. 3) The facility failed to ensure that the facility maintained an employee file for 1 out of 3 (Administrator) sampled staff who work at the facility. 4) The facility failed to be under the supervision of an Administrator who	A 077		

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A 077	Continued From page 12 ensured the facility followed dietary guidelines. 5) The facility failed to ensure 1 out of 2 (Staff B) sampled staff received the required training within the first 30 days of employment. 6) The facility failed to be under the supervision of an Administrator to ensure that an adverse incident report was filed for one (Resident #3) out of seven residents who had an adverse incident and a bone . . . . . 7) The facility failed to update one (Resident #3) resident's record upon a change in condition. 8) The facility failed to ensure one out of two sampled employees (Staff B) obtained a written statement from a health care provider documenting freedom from signs and symptoms of communicable . . . . . , and failed to ensure one out of two sampled employees (Staff B) obtain evidence of a negative examination. 9) The facility failed to be under the supervision of an Administrator who ensured the facility did not violate the terms and conditions of the assisted living facility license by exceeding its licensed capacity. 10) The facility failed to maintain the employee roster on the Agency website with all current employees of the facility. Findings include: 1. On . . . . . a monitoring survey was conducted at the facility. An interview was conducted with Staff A who stated she has been covering for the Administrator. She stated she has worked 11 days so far. She was unsure when the Administrator would return. On at 12:48 PM an interview was conducted with Staff A. Staff A stated the Administrator does not work shifts in the facility	A 077		

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A 077	Continued From page 13 and has not worked a shift at the facility since before . Staff A stated the Administrator comes to the facility two or three times a month to review paperwork. Staff A stated the Administrator called in and said she could work a shift, but Staff A told her she was not needed, as Staff A didn't want to give up a shift. Staff A stated she has been in charge at the facility. Staff A stated she took the core training two years ago but never took the test to become an Administrator. Staff A did not have any documentation to show that the core training had been completed. On a record review was conducted of the Agency website. The Administrator was still identified on the Agency website as the Administrator of record. On at 2:16 PM an attempt was made to contact the Administrator. The phone number would not accept phone calls. A second attempt was made on and the phone number would not accept calls. A third attempt was made on and the phone number would not accept calls. A request was made of Staff A and Staff C for a telephone number to reach the Administrator. On a second number was provided for the Administrator. A fourth attempt was made to reach the Administrator without success. On at 2:17 PM an interview was conducted with Staff C. Staff C stated the Administrator has been employed at the facility for about a year. She stated the Administrator goes to the facility approximately once a month to review paperwork. She stated the Administrator is in charge of paperwork. Staff C stated she pays	A 077		

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	AL11967799	A. BUILDING: _____ B. WING _____	R 02/02/2017

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A 077	Continued From page 14 the Administrator weekly in cash. She was only able to produce one receipt of payment, for two weeks of payment, however, the receipt did not show to whom the money was being given, and there was no signature by the person receiving the money. 2. On a monitoring survey was conducted at the facility. A record review was conducted of the employee file for Staff A. No attestation of compliance was located in the file. 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. 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. The facility was cited for failure to have a signed attestation in the employee file for both Staff A and Staff B. On at 2:00 PM a record review was conducted of the employee file for Staff A. No attestation of compliance was located in the file. On at 11:50 AM a record review was conducted of the employee file for Staff B. There was no signed attestation of compliance for Staff B located in the file. On at 2:00 PM a record review was conducted of the employee file for Staff C. There was no signed attestation of compliance for Staff C located in the file. On at 2:43 PM an interview was conducted with Staff A. Staff A was not familiar with the attestation of compliance and was unable	A 077		

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A 077	Continued From page 15 to locate it within the file. Staff A stated she read the prior citations and was aware the facility had been previously cited for the same issue. 3. On . . . . . an attempt was made to review the employee file of the Administrator. No employee file could be located. On . . . . . at 2:43 PM an interview was conducted with Staff A. Staff A stated she could not locate the employee file for the Administrator. Staff A stated the Administrator comes to the facility two or three times a month to review the paperwork of the residents and the facility. 4. On a survey was conducted at the facility, and the facility was cited for failure to maintain a 3-day supply of nonperishable food based on the current census. On . . . . . at 10:40 AM a review was conducted of the emergency food supply. The supply did not appear to have changed from the previous visit. The emergency food supply had not been updated and replenished to provide for the current census and staff for 3 days. On at 2:43 PM an interview was conducted with Staff A. Staff A stated the emergency food supply had not been replenished since the survey conducted on . . . . . , but she had hired someone who would deliver the supplies on . . . . . . Staff A stated she was not aware she was required to maintain a substitution log, and did not know it was required to be kept on file in the facility for 6 months. Staff	A 077		

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A 077	Continued From page 16 A stated the substitution log filled out for lunch today was the first one she had completed. 5. On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . There was no evidence located in the employee file that Staff B received one hour of training in the following topics during the first 30 days of employment: Control Training; Elopement Response Training; Emergency Preparedness and Evacuation Training; Incident Report Training; Resident Rights Training; and Recognizing and Reporting , Neglect, and , . No documentation was located in the employee file that Staff B had received three hours of training in Activities of Daily Living (ADL) and Behavioral Needs Training in the first 30 days of employment. On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . There was no evidence located in the employee file that Staff B received two hours of training in / . On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . There was no evidence located in the employee file that Staff B received one-hour of training in the facility's ( ) Policy and Procedure. On at 2:00 PM an interview was conducted with Staff A. Staff A stated Staff B has not received any of the trainings required in the first 30 days of employment.	A 077		

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A 077	Continued From page 17 6. On [redacted] at 10:40 AM an observation was conducted of Resident #3 in a wheelchair with a soft [redacted] on her right ankle up to her knee. On [redacted] at 10:48 AM an interview was conducted with Resident #3. Resident #3 stated she had a [redacted] at the facility and [redacted] her ankle. On [redacted] a record review was conducted of the file for Resident #3. There were no observation notes regarding the incident in her chart. No discharge paperwork or discharge instructions were located in the file. On [redacted] a record review was conducted of a file that Staff A stated contained only bills for the facility. A medical encounter report form from fire rescue dated [redacted] read "right ankle pain." The discharge paperwork from the hospital dated [redacted] was also observed in the file. It read "you have a [redacted] of the ankle". On [redacted] at 1:25 PM an interview was conducted with Staff A. Staff A stated Resident #3 [redacted] on the back porch and reported pain to her right ankle. Staff A stated she did not call 911 right away, because she thought the resident was drug-seeking and making up the injury. She stated Staff B looked at the resident's ankle and said they should call for an ambulance. Staff A stated [redacted] was called and Resident #3 was transported to the hospital where it was determined she had a [redacted] ankle. Staff A stated no internal incident report was filled out, and no one-day or fifteen-day Adverse Incident report was filed with the Agency.	A 077		

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A 077	Continued From page 18 7. On [redacted] at 10:48 AM an interview was conducted with Resident #3. Resident #3 stated she had a [redacted] at the facility and [redacted] her ankle. Resident #3 stated she has to use a wheelchair because she is unable to ambulate independently at this time. On [redacted] a record review was conducted of the file for Resident #3. There were no observation notes regarding the incident in her chart. No notes were located regarding the [redacted] or the need to use adaptive equipment for ambulation. No discharge paperwork or discharge instructions were located in the file. On [redacted] a record review was conducted of a file that Staff A stated contained only bills for the facility. A medical encounter report form from fire rescue dated [redacted] read "right ankle pain." The discharge paperwork from the hospital dated [redacted] was also observed in the file. It read "you have a [redacted] of the ankle". On [redacted] at 1:25 PM an interview was conducted with Staff A. Staff A stated Resident #3 [redacted] on the back porch and reported pain to her right ankle. Staff A stated [redacted] was called and Resident #3 was transported to the hospital where it was determined she had a [redacted] ankle. Staff A stated she had not filled out any observation notes, or had any follow-up care. Staff A stated there was no additional documentation regarding the care of the ankle [redacted] in the resident's file. 8. On [redacted] at 11:50 AM a record review was	A 077		

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A 077	Continued From page 19 conducted of the employee file for Staff B. Staff B was officially hired as an employee on . There was no documentation from a health care provider stating Staff B was free from signs and symptoms of communicable . There was no evidence in the file that Staff B had received a negative examination. On at 2:43 PM an interview was conducted with Staff A. Staff A stated Staff B has not obtained a written statement from a health care provider that she is free from communicable . She stated Staff B has not received a examination. 9. On a monitoring survey was conducted at the facility. The facility was cited for being over capacity. The facility was determined to have ten residents in a facility licensed for six. On at 10:40 AM an observation was conducted of six residents in the facility. An additional resident had been signed out of the facility that morning by a relative and was not in the facility. An observation was conducted of the the seventh resident, Resident #7. The one bed, her picture was observed on the nightstand, and her clothing and personal items were observed in the closet, the dresser, and on the nightstand. On at 10:42 AM an interview was conducted with Resident #6. Resident #6 stated he is a daycare resident, but he stays at the facility because his family doesn't want him. He stated he has a when he stays at the facility. Resident #6 stated he has stayed at the facility for the past several days.	A 077		

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A 077	Continued From page 20 On at 10:49 AM an observation was conducted of the Resident #6. Personal belongings were observed hanging in his closet, and personal items were observed on his nightstand. On at 10:50 AM an interview was conducted with Resident #5. Resident #5 stated he lives in the facility and he shares a Resident #6. Resident #5 stated he had been living in the facility for several months. On at 10:49 AM an observation was conducted of the Resident #5. Resident #5 had clothing and personal items hanging in his closet. He had personal items on his bedside table. On at 10:50 AM an interview was conducted with Resident #4. Resident #4 stated both Resident #5 and Resident #6 were residents in the facility. He stated both spend the night consistently and do not go home with family members. Resident #4 stated both have been here for several nights in a row. When asked where the two residents sleep at night, Resident #4 identified #. On a record review was conducted of the admission and discharge log. Residents #1, #2, #3, and #4 were on the log. Residents #5, #6, and #7 were not listed on the log. On at 11:31 AM an interview was conducted with Staff A. Staff A stated both Resident #5 and Resident #6 are daycare residents. Staff A could not provide a home address for either resident. Staff A had no signed daycare contract or other documentation to show	A 077		

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A 077	Continued From page 21 the residents were in daycare. Resident #5 had been interviewed and determined to be a resident on a previous survey conducted on . Staff A stated the facility is not over capacity because Resident #7 had been signed out that morning by a relative and was not in the facility. Staff A stated Resident #7 is also only a daycare resident. Staff A did not have a home address or daycare contract for Resident #7. Staff A could not explain why Resident #7 had to be signed out this morning by a relative if the resident did not live in the facility. Resident #7 was previously determined to be a resident during the monitoring survey. No additional evidence to counteract that determination was provided. On at 2:43 PM a request was made of Staff A to provide the contact information for the residents she claimed were daycare only (Residents #5, #6, and #7). An additional request was made for this information on of both Staff A and Staff C. A third request was made for this information on from both Staff A and Staff C. A fourth request was made for this information on . The information was not provided as of . 10. 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 the facility's employee roster. On at 2:00 PM an interview was conducted with Staff A. Staff A was not aware that the employee roster had not been updated. Staff A did not know how to update the roster.	A 077		

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A 077	Continued From page 22 Class II	A 077		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . . testing materials, shall satisfy the annual . . . . . examination requirement. An individual with a positive . . . . . test must submit a health care provider ' s statement that the individual does not constitute a risk of communicating . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience.	A 078		

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A 078	Continued From page 23 Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) An assisted living facility contracting to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff contracted by the facility to provide services to residents, pursuant to Sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure one out of two sampled employees (Staff B) obtained a written statement from a health care provider documenting freedom from signs and symptoms of communicable ....., and failed to ensure one out of two sampled employees (Staff B) obtain evidence of a	A 078		

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A 078	Continued From page 24 negative . . . . . examination. Findings include: On . . . . . at 11:50 AM a record review was conducted of the employee file for Staff B. Staff B was officially hired as an employee on . . . . There was no documentation from a health care provider stating Staff B was free from signs and symptoms of communicable . There was no evidence in the file that Staff B had received a negative . . . . . examination. On at 2:43 PM an interview was conducted with Staff A. Staff A stated Staff B has not obtained a written statement from a health care provider that she is free from communicable . . . She stated Staff B has not received a . . . . . examination. Class III	A 078		
{A 079} SS=D	58A-5.019(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents Staff Hours/Week 0-5 168 6-15 212 16- 25 253 26-35 294 36-45 335 46-55 375 56- 65 416 66-75 457 76-85 498 86-95 539	{A 079}		

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{A 079}	Continued From page 25 For every 20 residents over 95 add 42 staff hours per week. 2. Independent living residents as referenced in subsection 58A-5.024(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility and who receive no personal, limited nursing, or extended congregate care services, are not counted as a resident for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, satisfies this requirement. b. A nurse is considered as having met the course requirements for both First Aid and . In addition, an emergency medical technician or paramedic currently certified under Part III, Chapter 401, F.S., is considered as having met the course requirements for both First Aid and .	{A 079}		

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{A 079}	Continued From page 26 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents ' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct	{A 079}		

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VILLA LA ESPERANZA II LLC	6021 WEST PARIS STREET TAMPA, FL 33634

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 079}	Continued From page 27 care staff available to residents or representatives, for that resident ' s care. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a) if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41(1)(a), F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if the plan increases the staff to needed levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing	{A 079}		

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{A 079}	Continued From page 28 home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview, observation, and record review, the facility failed to maintain an accurate 24-hour staffing schedule, and failed to maintain the required number of staffing hours for the current census. The facility failed to ensure that a licensed administrator was in charge of the facility. Specifically, a staff member who was not licensed as a core trained Administrator (Staff A), was left in charge of the facility for longer than a period of 21 days. Findings include: On at 12:48 PM an observation was made of the 2016 staffing schedule posted in the kitchen area. No 2017 staffing schedule was observed. On at 10:40 AM an observation was conducted of Staff B in the building. No other employee was observed. Staff B called Staff A, who arrived at the facility at 11:05 AM. On at 12:48 PM an interview was conducted with Staff A. Staff A stated she could print out the schedule for . Staff A printed out a schedule that included employees who do not work shifts in the facility. The schedule	{A 079}		

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{A 079}	Continued From page 29 showed 24 staffing hours per each 24-hour period, for a total of 168 staffing hours for a census of seven residents. Staff A admitted the staffing schedule printed was not accurate. Staff A stated she normally arrives around 7:00 AM and leaves at approximately 3:00 PM. She stated she returns to the facility "usually" in the evening to make sure medications are given properly, then she goes home. She stated Staff B works the hours Staff A does not. Staff A stated the Administrator does not work shifts in the facility and has not worked a shift at the facility since before . . . . . Staff C was listed as working 24 hour shifts on Saturday and Sunday. Staff A stated Staff C does not work in the facility unless it is to cover someone who is sick. Staff A stated no timecards are maintained, and stated she is a salaried employee and does not keep track of her hours. On . . . . . a monitoring survey was conducted at the facility. An interview was conducted with Staff A who stated she has been covering for the Administrator. She stated she has worked 11 days so far. She was unsure when the Administrator would return. On at 12:48 PM an interview was conducted with Staff A. Staff A stated the Administrator comes to the facility two or three times a month to review paperwork. She stated the Administrator has not worked a shift in the facility since before . . . . . Staff A stated the Administrator called in . . . . . and said she could work a shift, but Staff A told her she was not needed, as Staff A didn't want to give up a shift. Staff A stated she has been in charge at the facility. Staff A stated she took the core training two years ago but never took the test to become an Administrator. Staff A did not have any	{A 079}		

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{A 079}	Continued From page 30 documentation to show that the core training had been completed. On at 2:16 PM an attempt was made to contact the Administrator. The phone number would not accept phone calls. A second attempt was made on and the phone number would not accept calls. A third attempt was made on and the phone number would not accept calls. A request was made of Staff A and Staff C for a telephone number to reach the Administrator. On a second number was provided for the Administrator. A fourth attempt was made to reach the Administrator without success. On at 2:17 PM an interview was conducted with Staff C. Staff C stated the Administrator has been employed at the facility for about a year. She stated the Administrator goes to the facility approximately once a month to review paperwork. She stated the Administrator is in charge of paperwork. Staff C stated she pays the Administrator weekly in cash. She was only able to produce one receipt of payment, for two weeks of payment, however, the receipt did not show to whom the money was being given, and there was no signature by the person receiving the money. Class III	{A 079}		
A 081 SS=D	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents,	A 081		

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A 081	Continued From page 31 other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to . . . . borne , ᵕ ᵕ , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident . . . . . , neglect, and , . (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must	A 081		

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A 081	Continued From page 32 receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that staff had all the required training for one (Staff B) of two sampled staff records. The facility failed to ensure that one out of two sampled staff (Staff B) obtained one-hour of in-service training in Control, Elopement Response, Emergency Preparedness and Evacuation, Incident reporting, Resident Rights, Recognizing and Reporting , Neglect & , training within 30 days of employment. In addition, the facility failed to ensure one out of two sampled staff (Staff B) received a 3-hour in-service training in Activities of Daily Living (ADL) and Behavioral Needs. Findings include: On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . There was no evidence located in the employee file that Staff B received one hour of training in the following	A 081		

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A 081	Continued From page 33 topics during the first 30 days of employment: Control Training; Elopement Response Training; Emergency Preparedness and Evacuation Training; Incident Report Training; Resident Rights Training; and Recognizing and Reporting , Neglect, and , . No documentation was located in the employee file that Staff B had received three hours of training in Activities of Daily Living (ADL) and Behavioral Needs Training in the first 30 days of employment. On at 2:00 PM an interview was conducted with Staff A. Staff A stated Staff B has not received any of the trainings required in the first 30 days of employment. Class III	A 081		
A 082 SS=D	58A-5.0191(3) FAC Training - / (3) / (/). Pursuant to Section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the Section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12) of this rule. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that one out of two (Staff B)	A 082		

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A 082	Continued From page 34 sampled staff had obtained a 2-hour training in / in the first 30 days of employment. Findings include: On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . There was no evidence located in the employee file that Staff B received two hours of training in / . On at 2:00 PM an interview was conducted with Staff A. Staff A stated Staff B has not received the / training which was required in the first 30 days of employment. Class III	A 082		
A 090 SS=D	58A-5.0191(11) FAC Training - . (11) . TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C.	A 090		

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A 090	Continued From page 35 This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that one out of two (Staff B) sampled staff had obtained the required one-hour training in the facility's policy and procedures regarding ( ) within 30 days after employment. Findings include: On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . There was no evidence located in the employee file that Staff B received one-hour of training in the facility's ( ) Policy and Procedure. On at 2:00 PM an interview was conducted with Staff A. Staff A stated Staff B has not received the Policy and Procedure training which was required in the first 30 days of employment. Class III	A 090		
{A 093} SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the	{A 093}		

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{A 093}	Continued From page 36 National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents ' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1	{A 093}		

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{A 093}	Continued From page 37	{A 093}		

week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.
(e) Therapeutic diets must be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.
2. The facility must document a resident ' s refusal to comply with a therapeutic diet and provide notification to the resident ' s health care provider of such refusal.
(f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of [illegible] the time between meals.
(g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents,

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{A 093}	Continued From page 38 including adaptive equipment if needed by any resident, must be on hand. (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has contracted with residents to serve, must be on hand at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority This Statute or Rule is not met as evidenced by: Based on interview and observation, the facility failed to maintain a substitution log and failed to maintain a 3-day supply of nonperishable food based on the current census. Findings include: On a survey was conducted at the facility, and the facility was cited for failure to maintain a 3-day supply of nonperishable food based on the current census. On at 10:40 AM a review was conducted of the emergency food supply. The supply did not appear to have changed from the previous visit. The emergency food supply had not been updated and replenished to provide for the current census and staff for 3 days. On at 2:43 PM an interview was conducted with Staff A. Staff A stated the emergency food supply had not been replenished since the survey conducted on , but she had hired someone who would deliver the	{A 093}		

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{A 093}	Continued From page 39 supplies on [redacted]. Staff A stated she was not aware she was required to maintain a substitution log, and did not know it was required to be kept on file in the facility for 6 months. Staff A stated the substitution log filled out for lunch today was the first one she had completed. Class III	{A 093}		
{A 160} SS=D	58A-5.024(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee ' s physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, " readily available " means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility ' s license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [redacted] pressure [redacted]; and 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a	{A 160}		

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{A 160}	Continued From page 40	{A 160}		

bed for a resident who is out of the facility but intending to return pursuant to Rule 58A-5.025, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of .
(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).
(d) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 58A-5.026, F.A.C., that must be readily available by facility staff.
(e) The facility ' s liability insurance policy required in Rule 58A-5.021, F.A.C.;
(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.
(g) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0181, F.A.C.
(h) If the facility advertises that it provides special care for persons with ' s or related , a copy of all such facility advertisements as required by Section 429.177, F.S.
(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C.
(j) All food service records required in Rule 58A-5.020, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor ' s license or certificate to operate.
(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant

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	AL11967799	A. BUILDING: _____ B. WING _____	R 02/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA LA ESPERANZA II LLC	6021 WEST PARIS STREET TAMPA, FL 33634

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 160}	Continued From page 41 to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility ' s resident elopement response policies and procedures. (o) The facility ' s documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview, observation, and record review, the facility failed to maintain an up-to-date admission and discharge log. Findings include: On at 10:40 AM an observation was conducted of six residents in the facility. An additional resident had been signed out of the facility that morning by a relative and was not in the facility. An observation was conducted of the the seventh resident, Resident #7, and her picture was observed on the nightstand, and her clothing and personal items were observed in the . On at 10:42 AM an interview was	{A 160}		

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{A 160}	Continued From page 42 conducted with Resident #6. Resident #6 stated he is a daycare resident, but he stays at the facility because his family doesn't want him. He stated he has a when he stays at the facility. Resident #6 stated he has stayed at the facility for the past several days. On at 10:49 AM an observation was conducted of the Resident #6. Personal belongings were observed hanging in his closet, and personal items were observed on his nightstand. On at 10:50 AM an interview was conducted with Resident #5. Resident #5 stated he lives in the facility and he shares a Resident #6. Resident #5 stated he had been living in the facility for several months. On at 10:49 AM an observation was conducted of the Resident #5. Resident #5 had clothing and personal items hanging in his closet. He had personal items on his bedside table. On at 10:50 AM an interview was conducted with Resident #4. Resident #4 stated both Resident #5 and Resident #6 were residents in the facility. He stated both spend the night consistently and do not go home with family members. Resident #4 stated both have been here for several nights in a row. When asked where the two residents sleep at night, Resident #4 identified # . On a record review was conducted of the admission and discharge log. Residents #1, #2, #3, and #4 were on the log. Residents #5, #6, and #7 were not listed on the log.	{A 160}		

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{A 160}	Continued From page 43 On . . . . . at 11:31 AM an interview was conducted with Staff A. Staff A stated both Resident #4 and Resident #5 are daycare residents. Staff A could not provide a home address for either resident. Staff A had no signed daycare contract or other documentation to show the residents were in daycare. Resident #5 had been interviewed and determined to be a resident on a previous survey conducted on . . . . . Staff A stated the facility is not over capacity because Resident #7 had been signed out that morning by a relative and was not in the facility. Staff A stated Resident #7 is also only a daycare resident. Staff A did not have a home address or daycare contract for Resident #7. On . . . . . at 2:43 PM a request was made of Staff A to provide the contact information for the residents she claimed were daycare only (Residents #5, #6, and #7). An additional request was made for this information on . . . . . of both Staff A and Staff C. A third request was made for this information on . . . . . from both Staff A and Staff C. The information was not provided as of . . . . . . Class III	{A 160}		
{A 161} SS=D	429.275(2) FS; 58A-5.024(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which	{A 161}		

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{A 161}	Continued From page 44 licensure or certification is required under this part or rule. 58A-5.024 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification; 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 58A-5.019, F.A.C.; 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C.; 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C.	{A 161}		

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{A 161}	Continued From page 45 (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 58A-5.019, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain personnel records for 1 out of 3 (Administrator) sampled staff working in the facility, the facility failed to ensure one out of two employees (Staff B) had an application with references, and failed to ensure one out of two employees (Staff B) had documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, the facility failed to ensure that one out of two employees (Staff B) received training in . . . . . Control, Activities of Daily Living (ADL) and Behavioral Needs, . . . training, Elopement response, Emergency preparedness and Evacuation, Incident Report, Resident Rights, Recognizing and Reporting . . . . , Neglect, and , ... , and . . . . . (. . .) Policy and Procedure training within the first 30 days of employment. Findings include: On . . . . . an attempt was made to review the employee file of the Administrator. No employee file could be located. On . . . . . at 2:43 PM an interview was conducted with Staff A. Staff A stated she could not locate the employee file for the Administrator. Staff A stated the Administrator comes to the facility two or three times a month to review the paperwork of the residents and the facility.	{A 161}		

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{A 161}	Continued From page 46 On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . The application for Staff B did not include references. There was no evidence located in the employee file that Staff B received documentation for the following trainings which were required in the first 30 days: Control Training; Activities of Daily Living (ADL) and Behavioral Needs Training; Training; Elopement Response Training; Emergency Preparedness and Evacuation Training; Incident Report Training; Resident Rights Training; Recognizing and Reporting , Neglect, and , ; and ( ) Policy and Procedure Training. On at 2:00 PM an interview was conducted with Staff A. Staff A stated Staff B has not received any of the trainings required in the first 30 days of employment. Class III	{A 161}		
A 165 SS=D	429.23(1-4 & 6-10) FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond	A 165		

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A 165	Continued From page 47 quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, " adverse incident " means: (a) An event over which facility personnel could exercise control rather than as a result of the resident ' s condition and results in: 1. [illegible]; 2. [illegible] or spinal damage; 3. Permanent [illegible]; 4. [illegible] or [illegible] of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s investigation of the incident. (4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the agency on alt adverse incidents specified in this section. The report must include the results of the facility ' s investigation into the adverse incident.	A 165		

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A 165	Continued From page 48 (6) [redacted], neglect, or [redacted] must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The Department of Elderly Affairs may adopt rules necessary to administer this section. 58A-5.0241 Adverse Incident Report. (1) INITIAL ADVERSE INCIDENT REPORT. The	A 165		

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A 165	Continued From page 49 preliminary adverse incident report required by Section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to Rule 59A-35.110, F.A.C., which requires online reporting. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1) above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to Rule 59A-35.110, F.A.C., which requires online reporting. This Statute or Rule is not met as evidenced by: Based on interview, observation, and record review, the facility failed to file an adverse incident report for one (Resident #3) out of seven residents who had an adverse incident and a bone [redacted]. Findings include: On [redacted] at 10:40 AM an observation was conducted of Resident #3 in a wheelchair with a soft [redacted] on her right ankle up to her knee. On [redacted] at 10:48 AM an interview was conducted with Resident #3. Resident #3 stated she had a [redacted] at the facility and [redacted] her ankle. On [redacted] a record review was conducted of the file for Resident #3. There were no observation notes regarding the incident in her chart. No discharge paperwork or discharge instructions were located in the file. On [redacted] a record review was conducted of	A 165		

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A 165	Continued From page 50 a file that Staff A stated contained only bills for the facility. A medical encounter report form from fire rescue dated . . . . . read "right ankle pain." The discharge paperwork from the hospital dated . . . . . was also observed in the file. It read "you have a of the ankle". On at 1:25 PM an interview was conducted with Staff A. Staff A stated Resident #3 on the back porch and reported pain to her right ankle. Staff A stated she did not call 911 right away, because she thought the resident was drug-seeking and making up the injury. She stated Staff B looked at the resident's ankle and said they should call for an ambulance. Staff A stated was called and Resident #3 was transported to the hospital where it was determined she had a ankle. Staff A stated no internal incident report was filled out, and no one-day or fifteen-day Adverse Incident report was filed with the Agency. Class III	A 165		
{AZ814} SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the fingerprints are enrolled in the national retained print . . . . notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the	{AZ814}		

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{AZ814}	Continued From page 51 clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic fingerprint submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; ... ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: 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 include: 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 the facility's employee roster. On ... at 2:00 PM an interview was conducted with Staff A. Staff A was not aware that the employee roster had not been updated. Staff A did not know how to update the roster. Unclassified	{AZ814}		

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{AZ816}	Continued From page 52	{AZ816}		
{AZ816} SS=C	408.809(2)(a-c) FS Background Screening-Compliance Attestation (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's fingerprints to the Federal Bureau of Investigation for a national criminal history record check unless the person's fingerprints are enrolled in the Federal Bureau of Investigation ' s national retained print notification program. If the fingerprints of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit fingerprints electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check. The fingerprints shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person fingerprinted. Until a specified agency is fully implemented in the clearinghouse created under s. 435.12, the agency may accept as satisfying the requirements of this section proof of compliance	{AZ816}		

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{AZ816}	Continued From page 53 with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the Department of Elderly Affairs, the Agency for Persons with , the Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. This Statute or Rule is not met as evidenced by: 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 include: On a monitoring survey was conducted at the facility. A record review was conducted of the employee file for Staff A. No attestation of compliance was located in the file. 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. An attempt was made to review the file for Staff B. There was no employee file for Staff B. Staff A	{AZ816}		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{AZ816}	Continued From page 54 stated there is no signed attestation of compliance for Staff B. The facility was cited for failure to have a signed attestation in the employee file for both Staff A and Staff B. On at 2:00 PM a record review was conducted of the employee file for Staff A. No attestation of compliance was located in the file. On at 11:50 AM a record review was conducted of the employee file for Staff B. There was no signed attestation of compliance for Staff B located in the file. On at 2:00 PM a record review was conducted of the employee file for Staff C. There was no signed attestation of compliance for Staff C located in the file. On at 2:43 PM 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. Staff A stated she read the prior citations and was aware the facility had been previously cited for the same issue. Unclassified.	{AZ816}		
{AZ828} SS=C	408.813(3) Administrative Fines; Violations (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class violation. Unless otherwise specified by law, the amount of the fine may not exceed $500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules.	{AZ828}		

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	AL11967799	A. BUILDING: _____ B. WING _____	R 02/02/2017

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{AZ828}	Continued From page 55 (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. This Statute or Rule is not met as evidenced by: 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 seven residents in a facility licensed for six. Findings include: On a monitoring survey was conducted at the facility. The facility was cited for being over capacity. The facility was determined to have ten residents in a facility licensed for six. On at 10:40 AM an observation was conducted of six residents in the facility. An additional resident had been signed out of the facility that morning by a relative and was not in the facility. An observation was conducted of the the seventh resident, Resident #7. The one bed, her picture was observed on the nightstand, and her clothing and personal items were observed in the closet, the dresser, and on the nightstand. On at 10:42 AM an interview was conducted with Resident #6. Resident #6 stated he is a daycare resident, but he stays at the facility because his family doesn't want him. He stated he has a when he stays at the facility. Resident #6 stated he has stayed at the facility for the past several days.	{AZ828}		

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{AZ828}	Continued From page 56 On . . . . . at 10:49 AM an observation was conducted of the Resident #6. Personal belongings were observed hanging in his closet, and personal items were observed on his nightstand. On . . . . . at 10:50 AM an interview was conducted with Resident #5. Resident #5 stated he lives in the facility and he shares a . . . . . Resident #6. Resident #5 stated he had been living in the facility for several months. On . . . . . at 10:49 AM an observation was conducted of the Resident #5. Resident #5 had clothing and personal items hanging in his closet. He had personal items on his bedside table. On . . . . . at 10:50 AM an interview was conducted with Resident #4. Resident #4 stated both Resident #5 and Resident #6 were residents in the facility. He stated both spend the night consistently and do not go home with family members. Resident #4 stated both have been here for several nights in a row. When asked where the two residents sleep at night, Resident #4 identified . . . . . # . On . . . . . a record review was conducted of the admission and discharge log. Residents #1, #2, #3, and #4 were on the log. Residents #5, #6, and #7 were not listed on the log. On at 11:31 AM an interview was conducted with Staff A. Staff A stated both Resident #5 and Resident #6 are daycare residents. Staff A could not provide a home address for either resident. Staff A had no signed daycare contract or other documentation to show the residents were in daycare. Resident #5 had	{AZ828}		

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{AZ828}	Continued From page 57 been interviewed and determined to be a resident on a previous survey conducted on . Staff A stated the facility is not over capacity because Resident #7 had been signed out that morning by a relative and was not in the facility. Staff A stated Resident #7 is also only a daycare resident. Staff A did not have a home address or daycare contract for Resident #7. Staff A could not explain why Resident #7 had to be signed out this morning by a relative if the resident did not live in the facility. Resident #7 was previously determined to be a resident during the . . . . . monitoring survey. No additional evidence to counteract that determination was provided. On . . . . . at 2:43 PM a request was made of Staff A to provide the contact information for the residents she claimed were daycare only (Residents #5, #6, and #7). An additional request was made for this information on . . . . . of both Staff A and Staff C. A third request was made for this information on . . . . . from both Staff A and Staff C. A fourth request was made for this information on . . . . . The information was not provided as of . Unclassified	{AZ828}		

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{A 000}	Initial Comments Assisted Living Facility A revisit to a monitoring visit was conducted from through at Villa la Esperanza, (license #11788), located at 6021 W. Paris St, Tampa, FL. Deficiencies were identified the day of the visit.	{A 000}		
A 025 SS=D	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 (1) An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and	A 025		

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A 025	Continued From page 1 physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on interview, observation, and record review, the facility failed to update one (Resident #3) resident's record upon a change in condition. Findings include: On at 10:40 AM an observation was conducted of Resident #3 in a wheelchair with a soft on her right ankle up to her knee. On at 10:48 AM an interview was conducted with Resident #3. Resident #3 stated she had a at the facility and her ankle. Resident #3 stated she has to use a wheelchair because she is unable to ambulate independently at this time. On a record review was conducted of	A 025		

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A 025	Continued From page 2 the file for Resident #3. There were no observation notes regarding the incident in her chart. No notes were located regarding the [redacted] or the need to use adaptive equipment for ambulation. No discharge paperwork or discharge instructions were located in the file. On [redacted] a record review was conducted of a file that Staff A stated contained only bills for the facility. A medical encounter report form from fire rescue dated [redacted] read "right ankle pain." The discharge paperwork from the hospital dated [redacted] was also observed in the file. It read "you have a [redacted] of the ankle". On [redacted] at 1:25 PM an interview was conducted with Staff A. Staff A stated Resident #3 [redacted] on the back porch and reported pain to her right ankle. Staff A stated [redacted] was called and Resident #3 was transported to the hospital where it was determined she had a [redacted] ankle. Staff A stated no she had not filled out any observation notes, or had any follow-up care. Staff A stated there was no additional documentation regarding the care of the ankle [redacted]. Class III	A 025		
{A 030} SS=D	58A-5.0182(6) FAC; 429.28(1-2) FS Resident Care - Rights & Facility Procedures 58A-5.0182(6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the	{A 030}		

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{A 030}	Continued From page 3 admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures must at a minimum address the facility ' s policies regarding: 1. Resident responsibilities; 2. and tobacco; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and	{A 030}		

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{A 030}	Continued From page 4 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation, unless the facility rules or the facility contract includes a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of Section 429.41(1)(k), F.S., the use of physical . . . . . by a facility must be reviewed by the resident ' s physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and	{A 030}		

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{A 030}	Continued From page 5 with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.	{A 030}		

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{A 030}	Continued From page 6 (j) Access to adequate and appropriate health care consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally [illegible], the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without [illegible], interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, [illegible], and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. ... The notice must state that a complaint made to the Office of State Long-Term Ombudsman or a local long-term care ombudsman council, the names and identity of complainants are kept confidential	{A 030}		

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{A 030}	Continued From page 7 pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the local ombudsman council, central hotmail, and , Rights Florida. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to honor the rights of two out of seven residents (Residents #5 and #6) by not providing a toilet seat in the , and no paper towels. The facility failed to honor the rights of six out of seven (Residents #1, #2, #3, #5, #6, and #7) residents who are unable to communicate with an employee who does not speak the same language as the residents, and is in the facility for at least eight hours per day as the only employee. Findings include: On at 10:40 AM a tour was conducted of the facility. # located at the back of the building in # had no toilet seat. The , available to multiple residents, had no paper towels. On at 10:50 AM an interview was conducted with Resident #5. Resident #5 stated the has been broken for "a while" and has been reported to Staff A. Resident #5 stated it is inconvenient in the night when he and his have to use the the hallway, which is shared by four additional residents and an employee.	{A 030}		

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{A 030}	Continued From page 8 On at 11:48 AM an interview was conducted with Staff A. Staff A stated she was aware the not have a toilet seat and she would have it replaced. On at 10:40 AM an interview was attempted with Staff B. Staff B responded in Spanish that she did not speak English. Staff B was the only employee working in the facility. On at 10:42 AM an interview was conducted with Resident #6. Resident #6 stated Staff B does not speak English and he does not speak Spanish. He stated he has to locate or wake up the one resident who speaks Spanish to translate. Resident #6 was not sure how he would convey a medical emergency other than grabbing his chest. On at 10:50 AM an interview was conducted with Resident #5. Resident #5 stated he does not speak Spanish and he has to use a resident to translate his needs to Staff B. On at 10:47 AM an interview was conducted with Resident #4. Resident #4 stated he has to translate for the residents in the facility. He stated he is the only resident who speaks Spanish and is able to translate. Resident #4 stated if he is asleep, the other residents have to wake him up. Class III	{A 030}		
A 077 SS=G	429.176 FS; 58A-5.019(1) FAC Staffing Standards - Administrators 429.176	A 077		

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A 077	Continued From page 9 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator has completed the applicable core educational requirements under s. 429.52. 58A-5.019 Staffing Standards. (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], 1995, have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to Sections 408.809 and 429.174, F.S.; and 4. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C., no later than 90 days after becoming employed as a facility administrator. Individuals who have successfully completed these requirements before [illegible], 2014, are not required to take either the 40 hour core training or test unless specified elsewhere in this rule. Administrators who attended core training prior to [illegible], 1997, are not required to take the competency test unless specified elsewhere in this rule. 5. Satisfy the continuing education requirements	A 077		

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A 077	Continued From page 10	A 077		

pursuant to Rule 58A-5.0191, F.A.C.
Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department.
(b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraphs (1)(a)4. of this rule to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:
1. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C.; and
2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.
(c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.
(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements of an administrator pursuant to paragraph (1)(a) of this rule. Managers who

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A 077	Continued From page 11 attended the core training program prior to [redacted], 1997, are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not [redacted], serve as an administrator of any other facility. (e) Pursuant to Section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, [redacted], 2013, which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04002. This Statute or Rule is not met as evidenced by: Based on interview, observation, and record review, the facility placed seven out of seven residents at risk by the facility's failure to be under the supervision of a core trained Administrator to ensure all residents received appropriate care by qualified staff. 1) The facility failed to ensure that in the absence of the Administrator, oversight was provided by a manager with the same qualifications, including core training. 2)The facility failed to be under the supervision of an Administrator who ensured 3 out of 3 sampled staff (Staff A, Staff B, and Staff C) 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. 3) The facility failed to ensure that the facility maintained an employee file for 1 out of 3 (Administrator) sampled staff who work at the facility. 4) The facility failed to be under the supervision of an Administrator who	A 077		

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A 077	Continued From page 12 ensured the facility followed dietary guidelines. 5) The facility failed to ensure 1 out of 2 (Staff B) sampled staff received the required training within the first 30 days of employment. 6) The facility failed to be under the supervision of an Administrator to ensure that an adverse incident report was filed for one (Resident #3) out of seven residents who had an adverse incident and a bone . . . . . 7) The facility failed to update one (Resident #3) resident's record upon a change in condition. 8) The facility failed to ensure one out of two sampled employees (Staff B) obtained a written statement from a health care provider documenting freedom from signs and symptoms of communicable . . . . . , and failed to ensure one out of two sampled employees (Staff B) obtain evidence of a negative examination. 9) The facility failed to be under the supervision of an Administrator who ensured the facility did not violate the terms and conditions of the assisted living facility license by exceeding its licensed capacity. 10) The facility failed to maintain the employee roster on the Agency website with all current employees of the facility. Findings include: 1. On . . . . . a monitoring survey was conducted at the facility. An interview was conducted with Staff A who stated she has been covering for the Administrator. She stated she has worked 11 days so far. She was unsure when the Administrator would return. On at 12:48 PM an interview was conducted with Staff A. Staff A stated the Administrator does not work shifts in the facility	A 077		

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A 077	Continued From page 13 and has not worked a shift at the facility since before . Staff A stated the Administrator comes to the facility two or three times a month to review paperwork. Staff A stated the Administrator called in and said she could work a shift, but Staff A told her she was not needed, as Staff A didn't want to give up a shift. Staff A stated she has been in charge at the facility. Staff A stated she took the core training two years ago but never took the test to become an Administrator. Staff A did not have any documentation to show that the core training had been completed. On a record review was conducted of the Agency website. The Administrator was still identified on the Agency website as the Administrator of record. On at 2:16 PM an attempt was made to contact the Administrator. The phone number would not accept phone calls. A second attempt was made on and the phone number would not accept calls. A third attempt was made on and the phone number would not accept calls. A request was made of Staff A and Staff C for a telephone number to reach the Administrator. On a second number was provided for the Administrator. A fourth attempt was made to reach the Administrator without success. On at 2:17 PM an interview was conducted with Staff C. Staff C stated the Administrator has been employed at the facility for about a year. She stated the Administrator goes to the facility approximately once a month to review paperwork. She stated the Administrator is in charge of paperwork. Staff C stated she pays	A 077		

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A 077	Continued From page 14 the Administrator weekly in cash. She was only able to produce one receipt of payment, for two weeks of payment, however, the receipt did not show to whom the money was being given, and there was no signature by the person receiving the money. 2. On a monitoring survey was conducted at the facility. A record review was conducted of the employee file for Staff A. No attestation of compliance was located in the file. 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. 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. The facility was cited for failure to have a signed attestation in the employee file for both Staff A and Staff B. On at 2:00 PM a record review was conducted of the employee file for Staff A. No attestation of compliance was located in the file. On at 11:50 AM a record review was conducted of the employee file for Staff B. There was no signed attestation of compliance for Staff B located in the file. On at 2:00 PM a record review was conducted of the employee file for Staff C. There was no signed attestation of compliance for Staff C located in the file. On at 2:43 PM an interview was conducted with Staff A. Staff A was not familiar with the attestation of compliance and was unable	A 077		

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A 077	Continued From page 15 to locate it within the file. Staff A stated she read the prior citations and was aware the facility had been previously cited for the same issue. 3. On . . . . . an attempt was made to review the employee file of the Administrator. No employee file could be located. On . . . . . at 2:43 PM an interview was conducted with Staff A. Staff A stated she could not locate the employee file for the Administrator. Staff A stated the Administrator comes to the facility two or three times a month to review the paperwork of the residents and the facility. 4. On a survey was conducted at the facility, and the facility was cited for failure to maintain a 3-day supply of nonperishable food based on the current census. On . . . . . at 10:40 AM a review was conducted of the emergency food supply. The supply did not appear to have changed from the previous visit. The emergency food supply had not been updated and replenished to provide for the current census and staff for 3 days. On at 2:43 PM an interview was conducted with Staff A. Staff A stated the emergency food supply had not been replenished since the survey conducted on . . . . . , but she had hired someone who would deliver the supplies on . . . . . . Staff A stated she was not aware she was required to maintain a substitution log, and did not know it was required to be kept on file in the facility for 6 months. Staff	A 077		

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A 077	Continued From page 16 A stated the substitution log filled out for lunch today was the first one she had completed. 5. On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . There was no evidence located in the employee file that Staff B received one hour of training in the following topics during the first 30 days of employment: Control Training; Elopement Response Training; Emergency Preparedness and Evacuation Training; Incident Report Training; Resident Rights Training; and Recognizing and Reporting , Neglect, and , . No documentation was located in the employee file that Staff B had received three hours of training in Activities of Daily Living (ADL) and Behavioral Needs Training in the first 30 days of employment. On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . There was no evidence located in the employee file that Staff B received two hours of training in / . On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . There was no evidence located in the employee file that Staff B received one-hour of training in the facility's ( ) Policy and Procedure. On at 2:00 PM an interview was conducted with Staff A. Staff A stated Staff B has not received any of the trainings required in the first 30 days of employment.	A 077		

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A 077	Continued From page 17 6. On [redacted] at 10:40 AM an observation was conducted of Resident #3 in a wheelchair with a soft [redacted] on her right ankle up to her knee. On [redacted] at 10:48 AM an interview was conducted with Resident #3. Resident #3 stated she had a [redacted] at the facility and [redacted] her ankle. On [redacted] a record review was conducted of the file for Resident #3. There were no observation notes regarding the incident in her chart. No discharge paperwork or discharge instructions were located in the file. On [redacted] a record review was conducted of a file that Staff A stated contained only bills for the facility. A medical encounter report form from fire rescue dated [redacted] read "right ankle pain." The discharge paperwork from the hospital dated [redacted] was also observed in the file. It read "you have a [redacted] of the ankle". On [redacted] at 1:25 PM an interview was conducted with Staff A. Staff A stated Resident #3 [redacted] on the back porch and reported pain to her right ankle. Staff A stated she did not call 911 right away, because she thought the resident was drug-seeking and making up the injury. She stated Staff B looked at the resident's ankle and said they should call for an ambulance. Staff A stated [redacted] was called and Resident #3 was transported to the hospital where it was determined she had a [redacted] ankle. Staff A stated no internal incident report was filled out, and no one-day or fifteen-day Adverse Incident report was filed with the Agency.	A 077		

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A 077	Continued From page 18 7. On [redacted] at 10:48 AM an interview was conducted with Resident #3. Resident #3 stated she had a [redacted] at the facility and [redacted] her ankle. Resident #3 stated she has to use a wheelchair because she is unable to ambulate independently at this time. On [redacted] a record review was conducted of the file for Resident #3. There were no observation notes regarding the incident in her chart. No notes were located regarding the [redacted] or the need to use adaptive equipment for ambulation. No discharge paperwork or discharge instructions were located in the file. On [redacted] a record review was conducted of a file that Staff A stated contained only bills for the facility. A medical encounter report form from fire rescue dated [redacted] read "right ankle pain." The discharge paperwork from the hospital dated [redacted] was also observed in the file. It read "you have a [redacted] of the ankle". On [redacted] at 1:25 PM an interview was conducted with Staff A. Staff A stated Resident #3 [redacted] on the back porch and reported pain to her right ankle. Staff A stated [redacted] was called and Resident #3 was transported to the hospital where it was determined she had a [redacted] ankle. Staff A stated she had not filled out any observation notes, or had any follow-up care. Staff A stated there was no additional documentation regarding the care of the ankle [redacted] in the resident's file. 8. On [redacted] at 11:50 AM a record review was	A 077		

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A 077	Continued From page 19 conducted of the employee file for Staff B. Staff B was officially hired as an employee on . There was no documentation from a health care provider stating Staff B was free from signs and symptoms of communicable . There was no evidence in the file that Staff B had received a negative examination. On at 2:43 PM an interview was conducted with Staff A. Staff A stated Staff B has not obtained a written statement from a health care provider that she is free from communicable . She stated Staff B has not received a examination. 9. On a monitoring survey was conducted at the facility. The facility was cited for being over capacity. The facility was determined to have ten residents in a facility licensed for six. On at 10:40 AM an observation was conducted of six residents in the facility. An additional resident had been signed out of the facility that morning by a relative and was not in the facility. An observation was conducted of the the seventh resident, Resident #7. The one bed, her picture was observed on the nightstand, and her clothing and personal items were observed in the closet, the dresser, and on the nightstand. On at 10:42 AM an interview was conducted with Resident #6. Resident #6 stated he is a daycare resident, but he stays at the facility because his family doesn't want him. He stated he has a when he stays at the facility. Resident #6 stated he has stayed at the facility for the past several days.	A 077		

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A 077	Continued From page 20 On at 10:49 AM an observation was conducted of the Resident #6. Personal belongings were observed hanging in his closet, and personal items were observed on his nightstand. On at 10:50 AM an interview was conducted with Resident #5. Resident #5 stated he lives in the facility and he shares a Resident #6. Resident #5 stated he had been living in the facility for several months. On at 10:49 AM an observation was conducted of the Resident #5. Resident #5 had clothing and personal items hanging in his closet. He had personal items on his bedside table. On at 10:50 AM an interview was conducted with Resident #4. Resident #4 stated both Resident #5 and Resident #6 were residents in the facility. He stated both spend the night consistently and do not go home with family members. Resident #4 stated both have been here for several nights in a row. When asked where the two residents sleep at night, Resident #4 identified #. On a record review was conducted of the admission and discharge log. Residents #1, #2, #3, and #4 were on the log. Residents #5, #6, and #7 were not listed on the log. On at 11:31 AM an interview was conducted with Staff A. Staff A stated both Resident #5 and Resident #6 are daycare residents. Staff A could not provide a home address for either resident. Staff A had no signed daycare contract or other documentation to show	A 077		

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A 077	Continued From page 21 the residents were in daycare. Resident #5 had been interviewed and determined to be a resident on a previous survey conducted on . Staff A stated the facility is not over capacity because Resident #7 had been signed out that morning by a relative and was not in the facility. Staff A stated Resident #7 is also only a daycare resident. Staff A did not have a home address or daycare contract for Resident #7. Staff A could not explain why Resident #7 had to be signed out this morning by a relative if the resident did not live in the facility. Resident #7 was previously determined to be a resident during the monitoring survey. No additional evidence to counteract that determination was provided. On at 2:43 PM a request was made of Staff A to provide the contact information for the residents she claimed were daycare only (Residents #5, #6, and #7). An additional request was made for this information on of both Staff A and Staff C. A third request was made for this information on from both Staff A and Staff C. A fourth request was made for this information on . The information was not provided as of . 10. 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 the facility's employee roster. On at 2:00 PM an interview was conducted with Staff A. Staff A was not aware that the employee roster had not been updated. Staff A did not know how to update the roster.	A 077		

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A 077	Continued From page 22 Class II	A 077		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . . testing materials, shall satisfy the annual . . . . . examination requirement. An individual with a positive . . . . . test must submit a health care provider ' s statement that the individual does not constitute a risk of communicating . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience.	A 078		

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A 078	Continued From page 23 Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) An assisted living facility contracting to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff contracted by the facility to provide services to residents, pursuant to Sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure one out of two sampled employees (Staff B) obtained a written statement from a health care provider documenting freedom from signs and symptoms of communicable ....., and failed to ensure one out of two sampled employees (Staff B) obtain evidence of a	A 078		

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A 078	Continued From page 24 negative . . . . . examination. Findings include: On . . . . . at 11:50 AM a record review was conducted of the employee file for Staff B. Staff B was officially hired as an employee on . . . . There was no documentation from a health care provider stating Staff B was free from signs and symptoms of communicable . There was no evidence in the file that Staff B had received a negative . . . . . examination. On at 2:43 PM an interview was conducted with Staff A. Staff A stated Staff B has not obtained a written statement from a health care provider that she is free from communicable . . . She stated Staff B has not received a . . . . . examination. Class III	A 078		
{A 079} SS=D	58A-5.019(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents Staff Hours/Week 0-5 168 6-15 212 16- 25 253 26-35 294 36-45 335 46-55 375 56- 65 416 66-75 457 76-85 498 86-95 539	{A 079}		

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{A 079}	Continued From page 25 For every 20 residents over 95 add 42 staff hours per week. 2. Independent living residents as referenced in subsection 58A-5.024(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility and who receive no personal, limited nursing, or extended congregate care services, are not counted as a resident for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, satisfies this requirement. b. A nurse is considered as having met the course requirements for both First Aid and . In addition, an emergency medical technician or paramedic currently certified under Part III, Chapter 401, F.S., is considered as having met the course requirements for both First Aid and .	{A 079}		

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{A 079}	Continued From page 26 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents ' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct	{A 079}		

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{A 079}	Continued From page 27 care staff available to residents or representatives, for that resident ' s care. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a) if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41(1)(a), F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if the plan increases the staff to needed levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing	{A 079}		

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{A 079}	Continued From page 28 home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview, observation, and record review, the facility failed to maintain an accurate 24-hour staffing schedule, and failed to maintain the required number of staffing hours for the current census. The facility failed to ensure that a licensed administrator was in charge of the facility. Specifically, a staff member who was not licensed as a core trained Administrator (Staff A), was left in charge of the facility for longer than a period of 21 days. Findings include: On at 12:48 PM an observation was made of the 2016 staffing schedule posted in the kitchen area. No 2017 staffing schedule was observed. On at 10:40 AM an observation was conducted of Staff B in the building. No other employee was observed. Staff B called Staff A, who arrived at the facility at 11:05 AM. On at 12:48 PM an interview was conducted with Staff A. Staff A stated she could print out the schedule for . Staff A printed out a schedule that included employees who do not work shifts in the facility. The schedule	{A 079}		

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{A 079}	Continued From page 29 showed 24 staffing hours per each 24-hour period, for a total of 168 staffing hours for a census of seven residents. Staff A admitted the staffing schedule printed was not accurate. Staff A stated she normally arrives around 7:00 AM and leaves at approximately 3:00 PM. She stated she returns to the facility "usually" in the evening to make sure medications are given properly, then she goes home. She stated Staff B works the hours Staff A does not. Staff A stated the Administrator does not work shifts in the facility and has not worked a shift at the facility since before . . . . . Staff C was listed as working 24 hour shifts on Saturday and Sunday. Staff A stated Staff C does not work in the facility unless it is to cover someone who is sick. Staff A stated no timecards are maintained, and stated she is a salaried employee and does not keep track of her hours. On . . . . . a monitoring survey was conducted at the facility. An interview was conducted with Staff A who stated she has been covering for the Administrator. She stated she has worked 11 days so far. She was unsure when the Administrator would return. On at 12:48 PM an interview was conducted with Staff A. Staff A stated the Administrator comes to the facility two or three times a month to review paperwork. She stated the Administrator has not worked a shift in the facility since before . . . . . Staff A stated the Administrator called in . . . . . and said she could work a shift, but Staff A told her she was not needed, as Staff A didn't want to give up a shift. Staff A stated she has been in charge at the facility. Staff A stated she took the core training two years ago but never took the test to become an Administrator. Staff A did not have any	{A 079}		

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{A 079}	Continued From page 30 documentation to show that the core training had been completed. On at 2:16 PM an attempt was made to contact the Administrator. The phone number would not accept phone calls. A second attempt was made on and the phone number would not accept calls. A third attempt was made on and the phone number would not accept calls. A request was made of Staff A and Staff C for a telephone number to reach the Administrator. On a second number was provided for the Administrator. A fourth attempt was made to reach the Administrator without success. On at 2:17 PM an interview was conducted with Staff C. Staff C stated the Administrator has been employed at the facility for about a year. She stated the Administrator goes to the facility approximately once a month to review paperwork. She stated the Administrator is in charge of paperwork. Staff C stated she pays the Administrator weekly in cash. She was only able to produce one receipt of payment, for two weeks of payment, however, the receipt did not show to whom the money was being given, and there was no signature by the person receiving the money. Class III	{A 079}		
A 081 SS=D	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents,	A 081		

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A 081	Continued From page 31 other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to . . . . borne , ᵕ ᵕ , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident . . . . . , neglect, and , . (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must	A 081		

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A 081	Continued From page 32 receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that staff had all the required training for one (Staff B) of two sampled staff records. The facility failed to ensure that one out of two sampled staff (Staff B) obtained one-hour of in-service training in Control, Elopement Response, Emergency Preparedness and Evacuation, Incident reporting, Resident Rights, Recognizing and Reporting , Neglect & , training within 30 days of employment. In addition, the facility failed to ensure one out of two sampled staff (Staff B) received a 3-hour in-service training in Activities of Daily Living (ADL) and Behavioral Needs. Findings include: On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . There was no evidence located in the employee file that Staff B received one hour of training in the following	A 081		

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A 081	Continued From page 33 topics during the first 30 days of employment: Control Training; Elopement Response Training; Emergency Preparedness and Evacuation Training; Incident Report Training; Resident Rights Training; and Recognizing and Reporting , Neglect, and , . No documentation was located in the employee file that Staff B had received three hours of training in Activities of Daily Living (ADL) and Behavioral Needs Training in the first 30 days of employment. On at 2:00 PM an interview was conducted with Staff A. Staff A stated Staff B has not received any of the trainings required in the first 30 days of employment. Class III	A 081		
A 082 SS=D	58A-5.0191(3) FAC Training - / (3) / (/). Pursuant to Section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the Section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12) of this rule. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that one out of two (Staff B)	A 082		

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A 082	Continued From page 34 sampled staff had obtained a 2-hour training in / in the first 30 days of employment. Findings include: On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . There was no evidence located in the employee file that Staff B received two hours of training in / . On at 2:00 PM an interview was conducted with Staff A. Staff A stated Staff B has not received the / training which was required in the first 30 days of employment. Class III	A 082		
A 090 SS=D	58A-5.0191(11) FAC Training - . (11) . TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C.	A 090		

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A 090	Continued From page 35 This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that one out of two (Staff B) sampled staff had obtained the required one-hour training in the facility's policy and procedures regarding ( ) within 30 days after employment. Findings include: On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . There was no evidence located in the employee file that Staff B received one-hour of training in the facility's ( ) Policy and Procedure. On at 2:00 PM an interview was conducted with Staff A. Staff A stated Staff B has not received the Policy and Procedure training which was required in the first 30 days of employment. Class III	A 090		
{A 093} SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the	{A 093}		

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{A 093}	Continued From page 36 National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents ' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1	{A 093}		

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{A 093}	Continued From page 37	{A 093}		

week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.
(e) Therapeutic diets must be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.
2. The facility must document a resident ' s refusal to comply with a therapeutic diet and provide notification to the resident ' s health care provider of such refusal.
(f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of [illegible] the time between meals.
(g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents,

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{A 093}	Continued From page 38 including adaptive equipment if needed by any resident, must be on hand. (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has contracted with residents to serve, must be on hand at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority This Statute or Rule is not met as evidenced by: Based on interview and observation, the facility failed to maintain a substitution log and failed to maintain a 3-day supply of nonperishable food based on the current census. Findings include: On a survey was conducted at the facility, and the facility was cited for failure to maintain a 3-day supply of nonperishable food based on the current census. On at 10:40 AM a review was conducted of the emergency food supply. The supply did not appear to have changed from the previous visit. The emergency food supply had not been updated and replenished to provide for the current census and staff for 3 days. On at 2:43 PM an interview was conducted with Staff A. Staff A stated the emergency food supply had not been replenished since the survey conducted on , but she had hired someone who would deliver the	{A 093}		

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{A 093}	Continued From page 39 supplies on [redacted]. Staff A stated she was not aware she was required to maintain a substitution log, and did not know it was required to be kept on file in the facility for 6 months. Staff A stated the substitution log filled out for lunch today was the first one she had completed. Class III	{A 093}		
{A 160} SS=D	58A-5.024(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee ' s physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, " readily available " means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility ' s license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [redacted] pressure [redacted]; and 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a	{A 160}		

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{A 160}	Continued From page 40	{A 160}		

bed for a resident who is out of the facility but intending to return pursuant to Rule 58A-5.025, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of .
(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).
(d) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 58A-5.026, F.A.C., that must be readily available by facility staff.
(e) The facility ' s liability insurance policy required in Rule 58A-5.021, F.A.C.;
(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.
(g) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0181, F.A.C.
(h) If the facility advertises that it provides special care for persons with ' s or related , a copy of all such facility advertisements as required by Section 429.177, F.S.
(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C.
(j) All food service records required in Rule 58A-5.020, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor ' s license or certificate to operate.
(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant

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{A 160}	Continued From page 41 to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility ' s resident elopement response policies and procedures. (o) The facility ' s documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview, observation, and record review, the facility failed to maintain an up-to-date admission and discharge log. Findings include: On at 10:40 AM an observation was conducted of six residents in the facility. An additional resident had been signed out of the facility that morning by a relative and was not in the facility. An observation was conducted of the the seventh resident, Resident #7, and her picture was observed on the nightstand, and her clothing and personal items were observed in the . On at 10:42 AM an interview was	{A 160}		

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{A 160}	Continued From page 42 conducted with Resident #6. Resident #6 stated he is a daycare resident, but he stays at the facility because his family doesn't want him. He stated he has a when he stays at the facility. Resident #6 stated he has stayed at the facility for the past several days. On at 10:49 AM an observation was conducted of the Resident #6. Personal belongings were observed hanging in his closet, and personal items were observed on his nightstand. On at 10:50 AM an interview was conducted with Resident #5. Resident #5 stated he lives in the facility and he shares a Resident #6. Resident #5 stated he had been living in the facility for several months. On at 10:49 AM an observation was conducted of the Resident #5. Resident #5 had clothing and personal items hanging in his closet. He had personal items on his bedside table. On at 10:50 AM an interview was conducted with Resident #4. Resident #4 stated both Resident #5 and Resident #6 were residents in the facility. He stated both spend the night consistently and do not go home with family members. Resident #4 stated both have been here for several nights in a row. When asked where the two residents sleep at night, Resident #4 identified # . On a record review was conducted of the admission and discharge log. Residents #1, #2, #3, and #4 were on the log. Residents #5, #6, and #7 were not listed on the log.	{A 160}		

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{A 160}	Continued From page 43 On . . . . . at 11:31 AM an interview was conducted with Staff A. Staff A stated both Resident #4 and Resident #5 are daycare residents. Staff A could not provide a home address for either resident. Staff A had no signed daycare contract or other documentation to show the residents were in daycare. Resident #5 had been interviewed and determined to be a resident on a previous survey conducted on . . . . . Staff A stated the facility is not over capacity because Resident #7 had been signed out that morning by a relative and was not in the facility. Staff A stated Resident #7 is also only a daycare resident. Staff A did not have a home address or daycare contract for Resident #7. On . . . . . at 2:43 PM a request was made of Staff A to provide the contact information for the residents she claimed were daycare only (Residents #5, #6, and #7). An additional request was made for this information on . . . . . of both Staff A and Staff C. A third request was made for this information on . . . . . from both Staff A and Staff C. The information was not provided as of . . . . . . Class III	{A 160}		
{A 161} SS=D	429.275(2) FS; 58A-5.024(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which	{A 161}		

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{A 161}	Continued From page 44 licensure or certification is required under this part or rule. 58A-5.024 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification; 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 58A-5.019, F.A.C.; 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C.; 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C.	{A 161}		

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{A 161}	Continued From page 45 (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 58A-5.019, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain personnel records for 1 out of 3 (Administrator) sampled staff working in the facility, the facility failed to ensure one out of two employees (Staff B) had an application with references, and failed to ensure one out of two employees (Staff B) had documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, the facility failed to ensure that one out of two employees (Staff B) received training in . . . . . Control, Activities of Daily Living (ADL) and Behavioral Needs, . . . training, Elopement response, Emergency preparedness and Evacuation, Incident Report, Resident Rights, Recognizing and Reporting . . . . , Neglect, and , ... , and . . . . . (. . .) Policy and Procedure training within the first 30 days of employment. Findings include: On . . . . . an attempt was made to review the employee file of the Administrator. No employee file could be located. On . . . . . at 2:43 PM an interview was conducted with Staff A. Staff A stated she could not locate the employee file for the Administrator. Staff A stated the Administrator comes to the facility two or three times a month to review the paperwork of the residents and the facility.	{A 161}		

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{A 161}	Continued From page 46 On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . The application for Staff B did not include references. There was no evidence located in the employee file that Staff B received documentation for the following trainings which were required in the first 30 days: Control Training; Activities of Daily Living (ADL) and Behavioral Needs Training; Training; Elopement Response Training; Emergency Preparedness and Evacuation Training; Incident Report Training; Resident Rights Training; Recognizing and Reporting , Neglect, and , ; and ( ) Policy and Procedure Training. On at 2:00 PM an interview was conducted with Staff A. Staff A stated Staff B has not received any of the trainings required in the first 30 days of employment. Class III	{A 161}		
A 165 SS=D	429.23(1-4 & 6-10) FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond	A 165		

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A 165	Continued From page 47 quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, " adverse incident " means: (a) An event over which facility personnel could exercise control rather than as a result of the resident ' s condition and results in: 1. [illegible]; 2. [illegible] or spinal damage; 3. Permanent [illegible]; 4. [illegible] or [illegible] of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s investigation of the incident. (4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the agency on alt adverse incidents specified in this section. The report must include the results of the facility ' s investigation into the adverse incident.	A 165		

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A 165	Continued From page 48 (6) [redacted], neglect, or [redacted] must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The Department of Elderly Affairs may adopt rules necessary to administer this section. 58A-5.0241 Adverse Incident Report. (1) INITIAL ADVERSE INCIDENT REPORT. The	A 165		

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A 165	Continued From page 49 preliminary adverse incident report required by Section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to Rule 59A-35.110, F.A.C., which requires online reporting. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1) above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to Rule 59A-35.110, F.A.C., which requires online reporting. This Statute or Rule is not met as evidenced by: Based on interview, observation, and record review, the facility failed to file an adverse incident report for one (Resident #3) out of seven residents who had an adverse incident and a bone [redacted]. Findings include: On [redacted] at 10:40 AM an observation was conducted of Resident #3 in a wheelchair with a soft [redacted] on her right ankle up to her knee. On [redacted] at 10:48 AM an interview was conducted with Resident #3. Resident #3 stated she had a [redacted] at the facility and [redacted] her ankle. On [redacted] a record review was conducted of the file for Resident #3. There were no observation notes regarding the incident in her chart. No discharge paperwork or discharge instructions were located in the file. On [redacted] a record review was conducted of	A 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967799	A. BUILDING: _____ B. WING _____	R 02/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA LA ESPERANZA II LLC	6021 WEST PARIS STREET TAMPA, FL 33634

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 165	Continued From page 50 a file that Staff A stated contained only bills for the facility. A medical encounter report form from fire rescue dated . . . . . read "right ankle pain." The discharge paperwork from the hospital dated . . . . . was also observed in the file. It read "you have a of the ankle". On at 1:25 PM an interview was conducted with Staff A. Staff A stated Resident #3 on the back porch and reported pain to her right ankle. Staff A stated she did not call 911 right away, because she thought the resident was drug-seeking and making up the injury. She stated Staff B looked at the resident's ankle and said they should call for an ambulance. Staff A stated was called and Resident #3 was transported to the hospital where it was determined she had a ankle. Staff A stated no internal incident report was filled out, and no one-day or fifteen-day Adverse Incident report was filed with the Agency. Class III	A 165		
{AZ814} SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the fingerprints are enrolled in the national retained print . . . . notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the	{AZ814}		

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{AZ814}	Continued From page 51 clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic fingerprint submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; ... ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: 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 include: 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 the facility's employee roster. On ... at 2:00 PM an interview was conducted with Staff A. Staff A was not aware that the employee roster had not been updated. Staff A did not know how to update the roster. Unclassified	{AZ814}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{AZ816}	Continued From page 52	{AZ816}		
{AZ816} SS=C	408.809(2)(a-c) FS Background Screening-Compliance Attestation (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's fingerprints to the Federal Bureau of Investigation for a national criminal history record check unless the person's fingerprints are enrolled in the Federal Bureau of Investigation ' s national retained print notification program. If the fingerprints of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit fingerprints electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check. The fingerprints shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person fingerprinted. Until a specified agency is fully implemented in the clearinghouse created under s. 435.12, the agency may accept as satisfying the requirements of this section proof of compliance	{AZ816}		

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{AZ816}	Continued From page 53 with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the Department of Elderly Affairs, the Agency for Persons with , the Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. This Statute or Rule is not met as evidenced by: 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 include: On a monitoring survey was conducted at the facility. A record review was conducted of the employee file for Staff A. No attestation of compliance was located in the file. 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. An attempt was made to review the file for Staff B. There was no employee file for Staff B. Staff A	{AZ816}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{AZ816}	Continued From page 54 stated there is no signed attestation of compliance for Staff B. The facility was cited for failure to have a signed attestation in the employee file for both Staff A and Staff B. On at 2:00 PM a record review was conducted of the employee file for Staff A. No attestation of compliance was located in the file. On at 11:50 AM a record review was conducted of the employee file for Staff B. There was no signed attestation of compliance for Staff B located in the file. On at 2:00 PM a record review was conducted of the employee file for Staff C. There was no signed attestation of compliance for Staff C located in the file. On at 2:43 PM 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. Staff A stated she read the prior citations and was aware the facility had been previously cited for the same issue. Unclassified.	{AZ816}		
{AZ828} SS=C	408.813(3) Administrative Fines; Violations (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class violation. Unless otherwise specified by law, the amount of the fine may not exceed $500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules.	{AZ828}		

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{AZ828}	Continued From page 55 (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. This Statute or Rule is not met as evidenced by: 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 seven residents in a facility licensed for six. Findings include: On a monitoring survey was conducted at the facility. The facility was cited for being over capacity. The facility was determined to have ten residents in a facility licensed for six. On at 10:40 AM an observation was conducted of six residents in the facility. An additional resident had been signed out of the facility that morning by a relative and was not in the facility. An observation was conducted of the the seventh resident, Resident #7. The one bed, her picture was observed on the nightstand, and her clothing and personal items were observed in the closet, the dresser, and on the nightstand. On at 10:42 AM an interview was conducted with Resident #6. Resident #6 stated he is a daycare resident, but he stays at the facility because his family doesn't want him. He stated he has a when he stays at the facility. Resident #6 stated he has stayed at the facility for the past several days.	{AZ828}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{AZ828}	Continued From page 56 On . . . . . at 10:49 AM an observation was conducted of the Resident #6. Personal belongings were observed hanging in his closet, and personal items were observed on his nightstand. On . . . . . at 10:50 AM an interview was conducted with Resident #5. Resident #5 stated he lives in the facility and he shares a . . . . . Resident #6. Resident #5 stated he had been living in the facility for several months. On . . . . . at 10:49 AM an observation was conducted of the Resident #5. Resident #5 had clothing and personal items hanging in his closet. He had personal items on his bedside table. On . . . . . at 10:50 AM an interview was conducted with Resident #4. Resident #4 stated both Resident #5 and Resident #6 were residents in the facility. He stated both spend the night consistently and do not go home with family members. Resident #4 stated both have been here for several nights in a row. When asked where the two residents sleep at night, Resident #4 identified . . . . . # . On . . . . . a record review was conducted of the admission and discharge log. Residents #1, #2, #3, and #4 were on the log. Residents #5, #6, and #7 were not listed on the log. On at 11:31 AM an interview was conducted with Staff A. Staff A stated both Resident #5 and Resident #6 are daycare residents. Staff A could not provide a home address for either resident. Staff A had no signed daycare contract or other documentation to show the residents were in daycare. Resident #5 had	{AZ828}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{AZ828}	Continued From page 57 been interviewed and determined to be a resident on a previous survey conducted on . Staff A stated the facility is not over capacity because Resident #7 had been signed out that morning by a relative and was not in the facility. Staff A stated Resident #7 is also only a daycare resident. Staff A did not have a home address or daycare contract for Resident #7. Staff A could not explain why Resident #7 had to be signed out this morning by a relative if the resident did not live in the facility. Resident #7 was previously determined to be a resident during the . . . . . monitoring survey. No additional evidence to counteract that determination was provided. On . . . . . at 2:43 PM a request was made of Staff A to provide the contact information for the residents she claimed were daycare only (Residents #5, #6, and #7). An additional request was made for this information on . . . . . of both Staff A and Staff C. A third request was made for this information on . . . . . from both Staff A and Staff C. A fourth request was made for this information on . . . . . The information was not provided as of . Unclassified	{AZ828}		

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VILLA LA ESPERANZA II LLC	**6021 WEST PARIS STREET** **TAMPA, FL 33634**

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

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

Based on interview and record review, the facility failed to maintain personnel records for 1 out of 3 (Administrator) sampled staff working in the facility, the facility failed to ensure one out of two employees (Staff B) had an application with references, and failed to ensure one out of two employees (Staff B) had documentation verifying freedom from signs or symptoms of communicable . In addition, the facility failed to ensure that one out of two employees (Staff B) received training in Control, Activities of Daily Living (ADL) and Behavioral Needs, training, Elopement response, Emergency preparedness and Evacuation, Incident Report, Resident Rights, Recognizing and Reporting , Neglect, and , , and ( ) Policy and Procedure training within the first 30 days of employment.

Findings include:

On an attempt was made to review the employee file of the Administrator. No employee file could be located.

On at 2:43 PM an interview was conducted with Staff A. Staff A stated she could not locate the employee file for the Administrator. Staff A stated the Administrator comes to the facility two or three times a month to review the paperwork of the residents and the facility.

On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . The application for Staff B did not include references. There was no evidence located in the employee file that Staff B received documentation for the following trainings which were required in the first 30 days: Control Training; Activities of Daily Living (ADL) and Behavioral Needs Training; Training; Elopement Response Training; Emergency Preparedness and Evacuation Training; Incident Report Training; Resident Rights Training; Recognizing and Reporting , Neglect, and , ; and ( ) Policy and Procedure Training.

On at 2:00 PM an interview was conducted with Staff A. Staff A stated Staff B has not received any of the trainings required in the first 30 days of employment.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on interview, observation, and record review, the facility failed to file an adverse incident report

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

for one (Resident #3) out of seven residents who had an adverse incident and a bone .

Findings include:

On at 10:40 AM an observation was conducted of Resident #3 in a wheelchair with a soft on her right ankle up to her knee.

On at 10:48 AM an interview was conducted with Resident #3. Resident #3 stated she had a at the facility and her ankle.

On a record review was conducted of the file for Resident #3. There were no observation notes regarding the incident in her chart. No discharge paperwork or discharge instructions were located in the file.

On a record review was conducted of a file that Staff A stated contained only bills for the facility. A medical encounter report form from fire rescue dated read "right ankle pain." The discharge paperwork from the hospital dated was also observed in the file. It read "you have a of the ankle".

On at 1:25 PM an interview was conducted with Staff A. Staff A stated Resident #3 on the back porch and reported pain to her right ankle. Staff A stated she did not call 911 right away, because she thought the resident was drug-seeking and making up the injury. She stated Staff B looked at the resident's ankle and said they should call for an ambulance. Staff A stated was called and Resident #3 was transported to the hospital where it was determined she had a ankle. Staff A stated no internal incident report was filled out, and no one-day or fifteen-day Adverse Incident report was filed with the Agency.

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 include:

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

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SUMMARY STATEMENT OF DEFICIENCIES
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the facility's employee roster.

On at 2:00 PM an interview was conducted with Staff A. Staff A was not aware that the employee roster had not been updated. Staff A did not know how to update the roster.

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 include:

On a monitoring survey was conducted at the facility. A record review was conducted of the employee file for Staff A. No attestation of compliance was located in the file. 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. 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. The facility was cited for failure to have a signed attestation in the employee file for both Staff A and Staff B.

On at 2:00 PM a record review was conducted of the employee file for Staff A. No attestation of compliance was located in the file.

On at 11:50 AM a record review was conducted of the employee file for Staff B. There was no signed attestation of compliance for Staff B located in the file.

On at 2:00 PM a record review was conducted of the employee file for Staff C. There was no signed attestation of compliance for Staff C located in the file.

On at 2:43 PM 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. Staff A stated she read the prior citations and was aware the facility had been previously cited for the same issue.

Unclassified.

Z828 - Administrative Fines; Violations - 408.813(3)

Based on interview, observation, and record review, the facility was determined to have violated the

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(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

terms and conditions of the assisted living facility license by exceeding its licensed capacity. Specifically, the facility had seven residents in a facility licensed for six.

Findings include:

On a monitoring survey was conducted at the facility. The facility was cited for being over capacity. The facility was determined to have ten residents in a facility licensed for six.

On at 10:40 AM an observation was conducted of six residents in the facility. An additional resident had been signed out of the facility that morning by a relative and was not in the facility. An observation was conducted of the the seventh resident, Resident #7. The one bed, her picture was observed on the nightstand, and her clothing and personal items were observed in the closet, the dresser, and on the nightstand.

On at 10:42 AM an interview was conducted with Resident #6. Resident #6 stated he is a daycare resident, but he stays at the facility because his family doesn't want him. He stated he has a when he stays at the facility. Resident #6 stated he has stayed at the facility for the past several days.

On at 10:49 AM an observation was conducted of the Resident #6. Personal belongings were observed hanging in his closet, and personal items were observed on his nightstand.

On at 10:50 AM an interview was conducted with Resident #5. Resident #5 stated he lives in the facility and he shares a Resident #6. Resident #5 stated he had been living in the facility for several months.

On at 10:49 AM an observation was conducted of the Resident #5. Resident #5 had clothing and personal items hanging in his closet. He had personal items on his bedside table.

On at 10:50 AM an interview was conducted with Resident #4. Resident #4 stated both Resident #5 and Resident #6 were residents in the facility. He stated both spend the night consistently and do not go home with family members. Resident #4 stated both have been here for several nights in a row. When asked where the two residents sleep at night, Resident #4 identified # .

On a record review was conducted of the admission and discharge log. Residents #1, #2, #3, and #4 were on the log. Residents #5, #6, and #7 were not listed on the log.

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On at 11:31 AM an interview was conducted with Staff A. Staff A stated both Resident #5 and Resident #6 are daycare residents. Staff A could not provide a home address for either resident. Staff A had no signed daycare contract or other documentation to show the residents were in daycare. Resident #5 had been interviewed and determined to be a resident on a previous survey conducted on . Staff A stated the facility is not over capacity because Resident #7 had been signed out that morning by a relative and was not in the facility. Staff A stated Resident #7 is also only a daycare resident. Staff A did not have a home address or daycare contract for Resident #7. Staff A could not explain why Resident #7 had to be signed out this morning by a relative if the resident did not live in the facility. Resident #7 was previously determined to be a resident during the monitoring survey. No additional evidence to counteract that determination was provided.

On at 2:43 PM a request was made of Staff A to provide the contact information for the residents she claimed were daycare only (Residents #5, #6, and #7). An additional request was made for this information on of both Staff A and Staff C. A third request was made for this information on from both Staff A and Staff C. A fourth request was made for this information on . The information was not provided as of .

Unclassified

0000 - Initial Comments

Assisted Living Facility

A revisit to a monitoring visit was conducted from through at Villa la Esperanza, (license #11788), located at 6021 W. Paris St, Tampa, FL. Deficiencies were identified the day of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interview, observation, and record review, the facility failed to update one (Resident #3) resident's record upon a change in condition.

Findings include:

On at 10:40 AM an observation was conducted of Resident #3 in a wheelchair with a soft on her right ankle up to her knee.

On at 10:48 AM an interview was conducted with Resident #3. Resident #3 stated she had a

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at the facility and her ankle. Resident #3 stated she has to use a wheelchair because she is unable to ambulate independently at this time.

On a record review was conducted of the file for Resident #3. There were no observation notes regarding the incident in her chart. No notes were located regarding the or the need to use adaptive equipment for ambulation. No discharge paperwork or discharge instructions were located in the file.

On a record review was conducted of a file that Staff A stated contained only bills for the facility. A medical encounter report form from fire rescue dated read "right ankle pain." The discharge paperwork from the hospital dated was also observed in the file. It read "you have a of the ankle".

On at 1:25 PM an interview was conducted with Staff A. Staff A stated Resident #3 on the back porch and reported pain to her right ankle. Staff A stated was called and Resident #3 was transported to the hospital where it was determined she had a ankle. Staff A stated no she had not filled out any observation notes, or had any follow-up care. Staff A stated there was no additional documentation regarding the care of the ankle .

Class III

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

Based on interview and record review, the facility failed to honor the rights of two out of seven residents (Residents #5 and #6) by not providing a toilet seat in the , and no paper towels. The facility failed to honor the rights of six out of seven (Residents #1, #2, #3, #5, #6, and #7) residents who are unable to communicate with an employee who does not speak the same language as the residents, and is in the facility for at least eight hours per day as the only employee.

Findings include:

On at 10:40 AM a tour was conducted of the facility. # located at the back of the building in # had no toilet seat. The , available to multiple residents, had no paper towels.

On at 10:50 AM an interview was conducted with Resident #5. Resident #5 stated the has been broken for "a while" and has been reported to Staff A. Resident #5 stated it is inconvenient in the night when he and his have to use the the hallway, which is

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shared by four additional residents and an employee.

On at 11:48 AM an interview was conducted with Staff A. Staff A stated she was aware the not have a toilet seat and she would have it replaced.

On at 10:40 AM an interview was attempted with Staff B. Staff B responded in Spanish that she did not speak English. Staff B was the only employee working in the facility.

On at 10:42 AM an interview was conducted with Resident #6. Resident #6 stated Staff B does not speak English and he does not speak Spanish. He stated he has to locate or wake up the one resident who speaks Spanish to translate. Resident #6 was not sure how he would convey a medical emergency other than grabbing his chest.

On at 10:50 AM an interview was conducted with Resident #5. Resident #5 stated he does not speak Spanish and he has to use a resident to translate his needs to Staff B.

On at 10:47 AM an interview was conducted with Resident #4. Resident #4 stated he has to translate for the residents in the facility. He stated he is the only resident who speaks Spanish and is able to translate. Resident #4 stated if he is asleep, the other residents have to wake him up.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on interview, observation, and record review, the facility placed seven out of seven residents at risk by the facility's failure to be under the supervision of a core trained Administrator to ensure all residents received appropriate care by qualified staff. 1) The facility failed to ensure that in the absence of the Administrator, oversight was provided by a manager with the same qualifications, including core training. 2)The facility failed to be under the supervision of an Administrator who ensured 3 out of 3 sampled staff (Staff A, Staff B, and Staff C) 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. 3) The facility failed to ensure that the facility maintained an employee file for 1 out of 3 (Administrator) sampled staff who work at the facility. 4) The facility failed to be under the supervision of an Administrator who ensured the facility followed dietary guidelines. 5) The facility failed to ensure 1 out of 2 (Staff B) sampled staff received the required training within the first 30 days of employment. 6) The facility failed to be under the supervision of an Administrator to ensure that an adverse incident report was filed for one (Resident #3) out of seven residents who had an adverse incident and a bone . 7) The facility failed to update one (Resident #3) resident's record upon a

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change in condition. 8) The facility failed to ensure one out of two sampled employees (Staff B) obtained a written statement from a health care provider documenting freedom from signs and symptoms of communicable , and failed to ensure one out of two sampled employees (Staff B) obtain evidence of a negative examination. 9) The facility failed to be under the supervision of an Administrator who ensured the facility did not violate the terms and conditions of the assisted living facility license by exceeding its licensed capacity. 10) The facility failed to maintain the employee roster on the Agency website with all current employees of the facility.

Findings include:

1.

On a monitoring survey was conducted at the facility. An interview was conducted with Staff A who stated she has been covering for the Administrator. She stated she has worked 11 days so far. She was unsure when the Administrator would return.

On at 12:48 PM an interview was conducted with Staff A. Staff A stated the Administrator does not work shifts in the facility and has not worked a shift at the facility since before .

Staff A stated the Administrator comes to the facility two or three times a month to review paperwork. Staff A stated the Administrator called in and said she could work a shift, but Staff A told her she was not needed, as Staff A didn't want to give up a shift. Staff A stated she has been in charge at the facility. Staff A stated she took the core training two years ago but never took the test to become an Administrator. Staff A did not have any documentation to show that the core training had been completed.

On a record review was conducted of the Agency website. The Administrator was still identified on the Agency website as the Administrator of record.

On at 2:16 PM an attempt was made to contact the Administrator. The phone number would not accept phone calls. A second attempt was made on and the phone number would not accept calls. A third attempt was made on and the phone number would not accept calls. A request was made of Staff A and Staff C for a telephone number to reach the Administrator. On a second number was provided for the Administrator. A fourth attempt was made to reach the Administrator without success.

On at 2:17 PM an interview was conducted with Staff C. Staff C stated the Administrator has

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been employed at the facility for about a year. She stated the Administrator goes to the facility approximately once a month to review paperwork. She stated the Administrator is in charge of paperwork. Staff C stated she pays the Administrator weekly in cash. She was only able to produce one receipt of payment, for two weeks of payment, however, the receipt did not show to whom the money was being given, and there was no signature by the person receiving the money.

2.

On a monitoring survey was conducted at the facility. A record review was conducted of the employee file for Staff A. No attestation of compliance was located in the file. 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. 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. The facility was cited for failure to have a signed attestation in the employee file for both Staff A and Staff B.

On at 2:00 PM a record review was conducted of the employee file for Staff A. No attestation of compliance was located in the file.

On at 11:50 AM a record review was conducted of the employee file for Staff B. There was no signed attestation of compliance for Staff B located in the file.

On at 2:00 PM a record review was conducted of the employee file for Staff C. There was no signed attestation of compliance for Staff C located in the file.

On at 2:43 PM 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. Staff A stated she read the prior citations and was aware the facility had been previously cited for the same issue.

3.

On an attempt was made to review the employee file of the Administrator. No employee file could be located.

On at 2:43 PM an interview was conducted with Staff A. Staff A stated she could not locate the employee file for the Administrator. Staff A stated the Administrator comes to the facility two or three times a month to review the paperwork of the residents and the facility.

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4.

On a survey was conducted at the facility, and the facility was cited for failure to maintain a 3-day supply of nonperishable food based on the current census.

On at 10:40 AM a review was conducted of the emergency food supply. The supply did not appear to have changed from the previous visit. The emergency food supply had not been updated and replenished to provide for the current census and staff for 3 days.

On at 2:43 PM an interview was conducted with Staff A. Staff A stated the emergency food supply had not been replenished since the survey conducted on , but she had hired someone who would deliver the supplies on . Staff A stated she was not aware she was required to maintain a substitution log, and did not know it was required to be kept on file in the facility for 6 months. Staff A stated the substitution log filled out for lunch today was the first one she had completed.

5.

On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . There was no evidence located in the employee file that Staff B received one hour of training in the following topics during the first 30 days of employment: Control Training; Elopement Response Training; Emergency Preparedness and Evacuation Training; Incident Report Training; Resident Rights Training; and Recognizing and Reporting , Neglect, and , . No documentation was located in the employee file that Staff B had received three hours of training in Activities of Daily Living (ADL) and Behavioral Needs Training in the first 30 days of employment.

On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . There was no evidence located in the employee file that Staff B received two hours of training in / .

On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . There was no evidence located in the employee file that Staff B received one-hour of training in the facility's ( ) Policy and Procedure.
On at 2:00 PM an interview was conducted with Staff A. Staff A stated Staff B has not received any of the trainings required in the first 30 days of employment.

6.

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On at 10:40 AM an observation was conducted of Resident #3 in a wheelchair with a soft on her right ankle up to her knee.

On at 10:48 AM an interview was conducted with Resident #3. Resident #3 stated she had a at the facility and her ankle.

On a record review was conducted of the file for Resident #3. There were no observation notes regarding the incident in her chart. No discharge paperwork or discharge instructions were located in the file.

On a record review was conducted of a file that Staff A stated contained only bills for the facility. A medical encounter report form from fire rescue dated read "right ankle pain." The discharge paperwork from the hospital dated was also observed in the file. It read "you have a of the ankle".

On at 1:25 PM an interview was conducted with Staff A. Staff A stated Resident #3 on the back porch and reported pain to her right ankle. Staff A stated she did not call 911 right away, because she thought the resident was drug-seeking and making up the injury. She stated Staff B looked at the resident's ankle and said they should call for an ambulance. Staff A stated was called and Resident #3 was transported to the hospital where it was determined she had a ankle. Staff A stated no internal incident report was filled out, and no one-day or fifteen-day Adverse Incident report was filed with the Agency.

7.

On at 10:48 AM an interview was conducted with Resident #3. Resident #3 stated she had a at the facility and her ankle. Resident #3 stated she has to use a wheelchair because she is unable to ambulate independently at this time.

On a record review was conducted of the file for Resident #3. There were no observation notes regarding the incident in her chart. No notes were located regarding the or the need to use adaptive equipment for ambulation. No discharge paperwork or discharge instructions were located in the file.

On a record review was conducted of a file that Staff A stated contained only bills for the facility. A medical encounter report form from fire rescue dated read "right ankle pain." The

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discharge paperwork from the hospital dated was also observed in the file. It read "you have a of the ankle".

On at 1:25 PM an interview was conducted with Staff A. Staff A stated Resident #3 on the back porch and reported pain to her right ankle. Staff A stated was called and Resident #3 was transported to the hospital where it was determined she had a ankle. Staff A stated she had not filled out any observation notes, or had any follow-up care. Staff A stated there was no additional documentation regarding the care of the ankle in the resident's file.

8.

On at 11:50 AM a record review was conducted of the employee file for Staff B. Staff B was officially hired as an employee on . There was no documentation from a health care provider stating Staff B was free from signs and symptoms of communicable . There was no evidence in the file that Staff B had received a negative examination.

On at 2:43 PM an interview was conducted with Staff A. Staff A stated Staff B has not obtained a written statement from a health care provider that she is free from communicable . She stated Staff B has not received a examination.

9.

On a monitoring survey was conducted at the facility. The facility was cited for being over capacity. The facility was determined to have ten residents in a facility licensed for six.

On at 10:40 AM an observation was conducted of six residents in the facility. An additional resident had been signed out of the facility that morning by a relative and was not in the facility. An observation was conducted of the the seventh resident, Resident #7. The one bed, her picture was observed on the nightstand, and her clothing and personal items were observed in the closet, the dresser, and on the nightstand.

On at 10:42 AM an interview was conducted with Resident #6. Resident #6 stated he is a daycare resident, but he stays at the facility because his family doesn't want him. He stated he has a when he stays at the facility. Resident #6 stated he has stayed at the facility for the past several days.

On at 10:49 AM an observation was conducted of the Resident #6. Personal

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belongings were observed hanging in his closet, and personal items were observed on his nightstand.

On at 10:50 AM an interview was conducted with Resident #5. Resident #5 stated he lives in the facility and he shares a Resident #6. Resident #5 stated he had been living in the facility for several months.

On at 10:49 AM an observation was conducted of the Resident #5. Resident #5 had clothing and personal items hanging in his closet. He had personal items on his bedside table.

On at 10:50 AM an interview was conducted with Resident #4. Resident #4 stated both Resident #5 and Resident #6 were residents in the facility. He stated both spend the night consistently and do not go home with family members. Resident #4 stated both have been here for several nights in a row. When asked where the two residents sleep at night, Resident #4 identified # .

On a record review was conducted of the admission and discharge log. Residents #1, #2, #3, and #4 were on the log. Residents #5, #6, and #7 were not listed on the log.

On at 11:31 AM an interview was conducted with Staff A. Staff A stated both Resident #5 and Resident #6 are daycare residents. Staff A could not provide a home address for either resident. Staff A had no signed daycare contract or other documentation to show the residents were in daycare. Resident #5 had been interviewed and determined to be a resident on a previous survey conducted on . Staff A stated the facility is not over capacity because Resident #7 had been signed out that morning by a relative and was not in the facility. Staff A stated Resident #7 is also only a daycare resident. Staff A did not have a home address or daycare contract for Resident #7. Staff A could not explain why Resident #7 had to be signed out this morning by a relative if the resident did not live in the facility. Resident #7 was previously determined to be a resident during the monitoring survey. No additional evidence to counteract that determination was provided.

On at 2:43 PM a request was made of Staff A to provide the contact information for the residents she claimed were daycare only (Residents #5, #6, and #7). An additional request was made for this information on of both Staff A and Staff C. A third request was made for this information on from both Staff A and Staff C. A fourth request was made for this information on . The information was not provided as of .

10.

On a record review was conducted of the facility's employee roster on the Agency for Health

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Care Administration background screening website. Staff A, Staff B, and Staff C were not observed on the facility's employee roster.

On at 2:00 PM an interview was conducted with Staff A. Staff A was not aware that the employee roster had not been updated. Staff A did not know how to update the roster.

Class II

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and record review, the facility failed to ensure one out of two sampled employees (Staff B) obtained a written statement from a health care provider documenting freedom from signs and symptoms of communicable , and failed to ensure one out of two sampled employees (Staff B) obtain evidence of a negative examination.

Findings include:

On at 11:50 AM a record review was conducted of the employee file for Staff B. Staff B was officially hired as an employee on . There was no documentation from a health care provider stating Staff B was free from signs and symptoms of communicable . There was no evidence in the file that Staff B had received a negative examination.

On at 2:43 PM an interview was conducted with Staff A. Staff A stated Staff B has not obtained a written statement from a health care provider that she is free from communicable . She stated Staff B has not received a examination.

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 staffing schedule, and failed to maintain the required number of staffing hours for the current census. The facility failed to ensure that a licensed administrator was in charge of the facility. Specifically, a staff member who was not licensed as a core trained Administrator (Staff A), was left in charge of the facility for longer than a period of 21 days.

Findings include:

On at 12:48 PM an observation was made of the 2016 staffing schedule posted

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in the kitchen area. No , 2017 staffing schedule was observed.

On at 10:40 AM an observation was conducted of Staff B in the building. No other employee was observed. Staff B called Staff A, who arrived at the facility at 11:05 AM.

On at 12:48 PM an interview was conducted with Staff A. Staff A stated she could print out the schedule for . Staff A printed out a schedule that included employees who do not work shifts in the facility. The schedule showed 24 staffing hours per each 24-hour period, for a total of 168 staffing hours for a census of seven residents. Staff A admitted the staffing schedule printed was not accurate. Staff A stated she normally arrives around 7:00 AM and leaves at approximately 3:00 PM. She stated she returns to the facility "usually" in the evening to make sure medications are given properly, then she goes home. She stated Staff B works the hours Staff A does not. Staff A stated the Administrator does not work shifts in the facility and has not worked a shift at the facility since before . Staff C was listed as working 24 hour shifts on Saturday and Sunday. Staff A stated Staff C does not work in the facility unless it is to cover someone who is sick. Staff A stated no timecards are maintained, and stated she is a salaried employee and does not keep track of her hours.

On a monitoring survey was conducted at the facility. An interview was conducted with Staff A who stated she has been covering for the Administrator. She stated she has worked 11 days so far. She was unsure when the Administrator would return.

On at 12:48 PM an interview was conducted with Staff A. Staff A stated the Administrator comes to the facility two or three times a month to review paperwork. She stated the Administrator has not worked a shift in the facility since before . Staff A stated the Administrator called in and said she could work a shift, but Staff A told her she was not needed, as Staff A didn't want to give up a shift. Staff A stated she has been in charge at the facility. Staff A stated she took the core training two years ago but never took the test to become an Administrator. Staff A did not have any documentation to show that the core training had been completed.

On at 2:16 PM an attempt was made to contact the Administrator. The phone number would not accept phone calls. A second attempt was made on and the phone number would not accept calls. A third attempt was made on and the phone number would not accept calls. A request was made of Staff A and Staff C for a telephone number to reach the Administrator. On a second number was provided for the Administrator. A fourth attempt was made to reach the Administrator without success.

On at 2:17 PM an interview was conducted with Staff C. Staff C stated the Administrator has

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been employed at the facility for about a year. She stated the Administrator goes to the facility approximately once a month to review paperwork. She stated the Administrator is in charge of paperwork. Staff C stated she pays the Administrator weekly in cash. She was only able to produce one receipt of payment, for two weeks of payment, however, the receipt did not show to whom the money was being given, and there was no signature by the person receiving the money.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on observation, interview and record review the facility failed to ensure that staff had all the required training for one (Staff B) of two sampled staff records. The facility failed to ensure that one out of two sampled staff (Staff B) obtained one-hour of in-service training in Control, Elopement Response, Emergency Preparedness and Evacuation, Incident reporting, Resident Rights, Recognizing and Reporting , Neglect & , training within 30 days of employment. In addition, the facility failed to ensure one out of two sampled staff (Staff B) received a 3-hour in-service training in Activities of Daily Living (ADL) and Behavioral Needs.

Findings include:

On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . There was no evidence located in the employee file that Staff B received one hour of training in the following topics during the first 30 days of employment: Control Training; Elopement Response Training; Emergency Preparedness and Evacuation Training; Incident Report Training; Resident Rights Training; and Recognizing and Reporting , Neglect, and , . No documentation was located in the employee file that Staff B had received three hours of training in Activities of Daily Living (ADL) and Behavioral Needs Training in the first 30 days of employment.

On at 2:00 PM an interview was conducted with Staff A. Staff A stated Staff B has not received any of the trainings required in the first 30 days of employment.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on interview and record review, the facility failed to ensure that one out of two (Staff B) sampled staff had obtained a 2-hour training in / in the first 30 days of employment.

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Findings include:

On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . There was no evidence located in the employee file that Staff B received two hours of training in / .

On at 2:00 PM an interview was conducted with Staff A. Staff A stated Staff B has not received the / training which was required in the first 30 days of employment.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on interview and record review, the facility failed to ensure that one out of two (Staff B) sampled staff had obtained the required one-hour training in the facility's policy and procedures regarding ( ) within 30 days after employment.

Findings include:

On at 11:50 AM a record review was conducted of the employee file for Staff B which revealed a hire date of . There was no evidence located in the employee file that Staff B received one-hour of training in the facility's ( ) Policy and Procedure.

On at 2:00 PM an interview was conducted with Staff A. Staff A stated Staff B has not received the Policy and Procedure training which was required in the first 30 days of employment.

Class III

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

Based on interview and observation, the facility failed to maintain a substitution log and failed to maintain a 3-day supply of nonperishable food based on the current census.

Findings include:

On a survey was conducted at the facility, and the facility was cited for failure to maintain a 3-day supply of nonperishable food based on the current census.

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 10:40 AM a review was conducted of the emergency food supply. The supply did not appear to have changed from the previous visit. The emergency food supply had not been updated and replenished to provide for the current census and staff for 3 days.

On at 2:43 PM an interview was conducted with Staff A. Staff A stated the emergency food supply had not been replenished since the survey conducted on , but she had hired someone who would deliver the supplies on . Staff A stated she was not aware she was required to maintain a substitution log, and did not know it was required to be kept on file in the facility for 6 months. Staff A stated the substitution log filled out for lunch today was the first one she had completed.

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 include:

On at 10:40 AM an observation was conducted of six residents in the facility. An additional resident had been signed out of the facility that morning by a relative and was not in the facility. An observation was conducted of the the seventh resident, Resident #7, and her picture was observed on the nightstand, and her clothing and personal items were observed in the .

On at 10:42 AM an interview was conducted with Resident #6. Resident #6 stated he is a daycare resident, but he stays at the facility because his family doesn't want him. He stated he has a when he stays at the facility. Resident #6 stated he has stayed at the facility for the past several days.

On at 10:49 AM an observation was conducted of the Resident #6. Personal belongings were observed hanging in his closet, and personal items were observed on his nightstand.

On at 10:50 AM an interview was conducted with Resident #5. Resident #5 stated he lives in the facility and he shares a Resident #6. Resident #5 stated he had been living in the facility for several months.

On at 10:49 AM an observation was conducted of the Resident #5. Resident #5 had clothing and personal items hanging in his closet. He had personal items on his bedside table.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967799	R **02/02/2017**
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)

On at 10:50 AM an interview was conducted with Resident #4. Resident #4 stated both Resident #5 and Resident #6 were residents in the facility. He stated both spend the night consistently and do not go home with family members. Resident #4 stated both have been here for several nights in a row. When asked where the two residents sleep at night, Resident #4 identified # .

On a record review was conducted of the admission and discharge log. Residents #1, #2, #3, and #4 were on the log. Residents #5, #6, and #7 were not listed on the log.

On at 11:31 AM an interview was conducted with Staff A. Staff A stated both Resident #4 and Resident #5 are daycare residents. Staff A could not provide a home address for either resident. Staff A had no signed daycare contract or other documentation to show the residents were in daycare. Resident #5 had been interviewed and determined to be a resident on a previous survey conducted on . Staff A stated the facility is not over capacity because Resident #7 had been signed out that morning by a relative and was not in the facility. Staff A stated Resident #7 is also only a daycare resident. Staff A did not have a home address or daycare contract for Resident #7.

On at 2:43 PM a request was made of Staff A to provide the contact information for the residents she claimed were daycare only (Residents #5, #6, and #7). An additional request was made for this information on of both Staff A and Staff C. A third request was made for this information on from both Staff A and Staff C. The information was not provided as of .

Class III