STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968837	**02/15/2017**
NAME OF PROVIDER OR SUPPLIER **TZURIEL ASSISTED LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2710 NW 6TH ST** **CAPE CORAL, FL 33993**	

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

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

Based on record review and interview the facility failed to maintain the employment status of all employees within the clearinghouse and report any changes of status within 10 business days.

The findings included:

A review of the AHCA Background Screen Website revealed an empty staff roster for the facility.
On at 9: 21 a.m., Staff A said she had been working at the facility since 11/ as a direct care aide.

On at 10: 22 a.m. the Administrator said the facility is staffed by herself and Staff A. The Administrator said she had not entered an employee roster in the AHCA Background Screening Website and she would contact AHCA to find out the process to enter a roster.

Unclassified

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

Based on record review and interview the facility failed to obtain a background screen prior to hiring, selecting or otherwise allowing an employee to have contact with any person that would place the employee in a role that requires background screening for 1 (Staff A) of 2 staff reviewed.

The findings included:

A review of the facility records revealed no employee file for Staff A.

On at 9: 21 a.m., Staff A said she had been working at the facility since 11/ as a direct care aide.

On at 10; 22 a.m., the Administrator said there was no employee file for Staff A and she had not had sent Staff A for a background screening.

Unclassified

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

Based on record review and interview the facility failed to ensure all staff completed a one-time education course on and with 30 days of employment for 1 (Staff A) of 1 staff reviewed.

The findings included:

Record review for Staff A, a Direct Care Aide on , reflected no documentation of training for Staff A. Staff A's date of hire was .

On at 9:10 a.m. Staff A, said she had not received training.

On at 10:20 a.m. the Administrator agreed Staff A, had not received training.

Class III

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

Based on record review and interview the facility failed to ensure a staff member with First Aid and training is in the facility at all times for 1 (Staff A) of 1 staff reviewed.

The findings included:

Record review on revealed no documentation of First Aid and training is available for Staff A, a Direct Care Aide.

On at 9:10 a.m., Staff A said she did not receive training in First Aid and . She was the only staff member in the facility at the time of the interview.

On at 10:20 a.m., the Administrator admitted there is no documentation of First Aid and training for Staff A.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to ensure unlicensed persons who are providing assistance with self-administered medications meet the training requirements prior to assuming this

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responsibility for 2 (Staff A and Administrator) of 2 reviewed.

The findings included:

1. Record review on revealed there was no documentation of training for assistance with self-administration for Staff A, a Direct Care Aide.

On at 9:10 a.m., Staff A said she did not receive 4 hour training on assistance with self-administration.

2. Review of the Administrator's personnel file revealed an initial 4 hour medication assistance training on . There was no documentation for annual 2 hour update for assistance with self-administration for the Administrator.

3. On at 10:20 a.m., the Administrator confirmed Staff A had not received training for assistance with medication self-administration. The administrator confirmed she had not received an annual 2-hour training update for assistance with medication self-administration.

Class III

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

Based on record review and interview, the facility failed to ensure direct care staff has received at least one hour of training regarding within 60 days of hire for 1 (Staff A) of 1 staff reviewed.

The findings included:

Record review on revealed Staff A, a Direct Care Aide, has no employee record and no documentation of training.

During an interview with Staff A on at 9:10 a.m., she denied knowledge of . She reported she has not received training regarding and indicated she would not know what to do if resident had a .

During an interview on at 10:20 a.m., with Administrator, she confirmed Staff A had not received training for .

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Class III

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

Based on record review and interview the facility failed to maintain personnel records for each staff member for 1 (Staff A) of 2 staff reviewed.

The findings included:

A review of the facility records revealed no employee file for Staff A.

On at 10:22 a.m., the Administrator said Staff A is her niece and was only there temporarily. The Administrator said there was no employee file for Staff A.

Class III

0000 - Initial Comments

An unannounced relicensure survey was conducted on through at Tzuriel Assisted Living Facility, an assisted living facility (license # 12691) in Cape Coral, Florida.

The following is a description of the deficiencies.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to ensure there was a completed medical exam to ensure appropriateness of the residents' admission and continued stay in the facility.

The findings included:

Resident #1's original Health Assessment Form 1823 (1823) dated indicated resident needed medication administration.

On an updated 1823 dated , Section A listing current medications prescribed was left blank and section 2B asking if individual needs help with his or her medications was left blank.

On at 11:25 a.m., the Administrator said she hadn't noticed the medication areas on Resident #1's 1823 indicating medication administration on the first and the blanks left on the updated 1823. The Administrator said she would contact a doctor and get it rectified.

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Class III

0051 - Medication - Pill Organizers - 58A-5.0185(2) FAC

Based on observation and interview the facility failed to adhere to guidelines set forth in Florida Administrative Code 58A-5.0185 (2) Pill Organizers stating a resident who self-administers medications may use a pill organizer and a nurse must manage a pill organizer.

The findings included:

On at 9:30 a.m., Staff A obtained Resident 1's medications from a locked closet. The medications were not in the original containers. The medications were in a pill organizer. Staff A said the Administrator manages the pill organizer. Staff A said Resident #1 does not self- administer her medications.

On at 10: 57 a.m., the Administrator said she filled the pill organizer.

On at 12:30 p.m., the Administrator said she is not a nurse and would stop placing the medications in the pill organizer.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview the facility failed to assist residents with self-administered medications in accordance with procedures described in Section 429.256 of the Florida Statute including taking the medication in its previously dispensed, properly labeled container, and in the presence of the resident reading the label, opening the container, removing a prescribed amount of medication from the container and keeping a record of when a resident receives assistance with self-administration.

The findings included:

On at 9:30 a.m., Staff A obtained Resident #1's medications from a locked closet. The medications were not in the original containers. The medications were in a pill organizer. Staff A said she gives Resident #1 her medications out of the pill organizer. Staff A was unable to produce a Medication Observation Record (MOR) documenting when she gave Resident #1 medications.

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On at 10: 57 a.m., the Administrator said she filled the pill organizer.

On at 12: 30 p.m., the Administrator said she did not have a MOR for the month of , for Resident #1 as there had been a change in pharmacies. The Administrator said she would get updated Medication Assistance training for herself and staff.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation and interview the facility failed to maintain a daily medication observation record (MOR) for each resident who received assistance with self- administration of medications for 1 (Resident #1) of 1 resident reviewed.

The findings included:

On at 9:30 a.m., Staff A said she assists Resident #1 with self- administration of medications. Staff A said she does not have a Medication Observation Record (MOR) for the month of , for Resident #1.

On at 12: 30 p.m., the Administrator said she did not have a MOR for the month of , for Resident 1 as there had been a change in pharmacies. Administrator said she would contact the pharmacy for a MOR.

Class III

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

Based on record review and interview, the facility failed to ensure that newly hired staff are free from communicable for 1 (Staff A) of 1 staff reviewed.

The findings included:

On staff record review showed no statement from a health care provider indicating Staff A, a Direct Care Aide does not have signs or symptoms of communicable . There was no examination documentation for Staff A. Staff A's date of hire was .

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On at 9:10 a.m., Staff A, said she had not received a screening and had not received a statement from a health provider stating she is free from a communicable .

On at 10:20 a.m., the Administrator acknowledged Staff A had not been screened for and did not have a statement from a health care provider stating she is free from communicable .

Class III

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

Based on record review and interview, the facility failed to ensure that staff who provide direct care to residents received in-service training within 30 days of employment that covers Control Training, 3 hours ADL and Behavioral Needs Training, 1 hour Elopement response training, 1 hour of Emergency Preparedness and Evacuation Training, 1 hour Incident reporting training, 1 hour of Resident Rights training, 1 hour Recognizing/Reporting , Neglect & , training, and 1 hour of Nutritional and Safe Food Handling Training for 1 (Staff A) of 1 staff reviewed.

The findings included:

On at 9:10 a.m., Staff A said she was hired as a direct care aide on 11/ . There was no documentation available showing that Staff A had received in-service training within 30 days of hire that covered Control Training, 3 hours Activities of Daily Living (ADL) and Behavioral Needs Training, 1 hour Elopement response training, 1 hour of Emergency Preparedness and Evacuation Training, 1 hour Incident reporting training, 1 hour of Resident Rights training, 1 hour Recognizing/Reporting , Neglect & , training, or 1 hour of Nutritional and Safe Food Handling Training.

On at 9:10 a.m., Staff A said she had not received any training that covers Control, 3 hours ADL and Behavioral Needs, 1 hour Elopement response, 1 hour of Emergency Preparedness and Evacuation, 1 hour Incident Reporting, 1 hour of Resident Rights, 1 hour Recognizing/Reporting , Neglect & , , or 1 hour of Nutritional and Safe Food Handling Training.

On at 10:20 a.m., the Administrator said she had no documentation of any required training for Staff A.

Class III