STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910067	**03/10/2017**
NAME OF PROVIDER OR SUPPLIER **MIGDALIA'S ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2302 NORTH LINCOLN AVENUE** **TAMPA, FL 33607**	

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 register with the Background screening clearinghouse and maintain the status of all employees within the clearinghouse.

Findings included:

In review of the background screening clearinghouse, no facility roster was initiated.

In interview with the administrator on at 9:52 am, they stated they were not aware of the background screening clearinghouse or how to register.

Unclassified

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

Based on record review and interview the facility failed to ensure that 1 of 4 employees, whose responsibilities may require him or her to provide personal care or services directly to residents or have access to client funds, personal property, or living areas had a level II background screening pursuant to chapter 435.

Findings included:

In review of employee C's record, no record was available for review. No documentation of a level II background screening was available.

In review of the background screening clearinghouse on , Staff C did not undergo a level II background screening.

In review of the facility direct care staffing schedule for the month of 2017, staff C was scheduled (on call) daily.

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In interview with the administrator on at 9:52 am, they stated staff C did not have a level II background screening. They stated staff C works (as needed.) They stated staff C will help with residents, take them to appointments, run errands and help with things around the facility.

Unclassified

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0000 - Initial Comments

Assisted Living Facility

On , 2017, a biennial in conjunction with a complaint survey, (CCR# 2017001341), was conducted at Migdalia's ACLF. Deficiencies were identified during the visit.

(License# 6683)

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

Based on record review and interview the facility failed to ensure staff members have completed courses in first aid and and holds a currently valid card documenting completion of such courses in the facility.

Findings included:

On a record review was conducted for staff A, with a hire date of . Staff A's record contained documentation of an expired /first aid training, with an expiration date of .

On a record review was conducted for staff B, with a hire date of . Staff B's record contained documentation of an expired /first aid training, with an expiration date of .

In interview with the administrator on at 1:03pm, they stated staff A and staff B do not have documentation of a current /first aid course. They stated the instructor had an emergency and could not get the training done and now they are scheduled to take the training on Monday .

Class III

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

Based on record review, observation and interview the facility failed to maintain an up-to-date admission and discharge log listing the names of all residents and each residents date of admission and the place or facility from which the resident was admitted from.

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Findings included:

In review of the facility admission and discharge log, 3 of 8 residents (#1, #5, #7) residing in the facility were not recorded in the log.

In observation during a tour of the facility, the administrator acknowledged residents #1, #5 and #7 residing in the facility.

In interview with the administrator on at 9:34 am, they stated "maybe there is a page missing, they should be in there." The "missing" page was not produced during the visit.

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 which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all staff training and continuing education required by Rule 58A-5.0191, F.A.C.;

Findings included:

In review of the facility personnel records, no record was available for review for staff C.

In review of the facility direct care staffing schedule for the month of 2017, staff C was scheduled (on call) daily.

In interview with the administrator on at 9:52 am, they stated there was not a personnel file available for staff C. They stated staff C will help with residents, take them to appointments, run errands and help with things around the facility.

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Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on records review and interview, the facility failed to maintain complete and accurate records for 2 of 2 sampled residents (#1 and #2).

Findings included:

On at 10:30am, a review of Resident #1's record revealed that the resident was admitted into the facility on . The 1823 assessment of the resident, dated , showed that the resident had and was an elopement risk and that the resident needed close supervision. There was no photograph of the resident on file in the resident's record, in case of elopement.

The Administrator stated in an interview at 11:20am that a photo had been taken of Resident #1, it was on a cell phone. According to the Administrator, the facility had not had time to go to the store and print out the photo to keep on file, more than one year after the resident was admitted to the facility.

On at 1:30pm, a review of Resident #2's record revealed that the resident was admitted into the facility on . The record showed an 1823 assessment of the resident dated and another with no date on it. The resident's weights in the record were recorded as follows: (1823 assessment -with no date) - 123 lbs., - 134, 1823 assessment - no weight recorded. The record review revealed that in more than 2 years since Resident #2 entered the facility, there were only 2 recorded weights to be found in the record. A review of Resident #2's contract on file, dated , was signed by a relative of the resident - not by the resident; however, there was no legal paperwork on file in the resident's record designating any healthcare surrogate or power of attorney.

At 2:30pm, the administrator stated that the facility would attempt to procure a copy of the Resident's surrogate's legal paperwork for the file. The Administrator could not explain why there was an 1823 assessment in the resident's file with no date on it. When asked about how regularly the facility recorded the resident's weights, the Administrator stated that they were trying to keep better track of all resident's weight and provided a piece of paper with a list of resident's names and some numbers on it, but there was no indication of what the numbers meant or any dates. The Administrator had no explanation of how the facility was tracking the resident's weight every 6 months as required.

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Class III