STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967799	R 03/31/2017
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)

0000 - Initial Comments

Assisted Living Facility

A 2nd revisit to the . . . . . monitoring visit was conducted at Villa La Esperanza II LLC on . Villa La Esperanza II LLC had uncorrected deficiencies at the time of the visit.

(License # 11788)

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

Based on observation, interview, and record review, the facility failed to honor the rights of five (Resident #1, #2, #3, #4, and #5) of five residents who were unable to communicate with an employee who does not speak the same language as the residents, and was in the facility for at least 36 hours per week as the only employee.

Findings included:

An interview was conducted with the administrator at 2:17 PM on concerning scheduling. The administrator stated that Staff A worked 8:00 AM until 2:00 PM on Saturdays and Sundays and that Staff B worked alone after Staff A left for the day. Staff B was observed during the survey and spoke only Spanish while the residents were known to speak only English.

The concern was discussed with the administrator about the residents being not being able to communicate their needs to Staff B during an emergency. The administrator stated that English speaking people don't want to work here.

Class III

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

Based on interview and record review, the facility failed to maintain an accurate written work schedule that reflects its 24-hour staffing pattern for the month.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

During the survey conducted on , the facility provided a copy of the staffing schedule for the month of 2017. The dates on the calendar were inaccurate as it showed the month's first date, , as Friday and , 2017 was actually a Wednesday. The administrator's name was noted as the only employee scheduled for , , , , , , , , , and (all displayed as either Saturday or Sunday on the inaccurate calendar).

The administrator was interviewed during the morning on concerning the calendar and how it showed that the administrator was the only employee scheduled for the weekend. The administrator stated that they did not work weekends. The administrator stated that Staff A worked 8:00 AM-2:00 PM on Saturdays and Sundays and that Staff B was there 24 hours a day.

Class III

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

Based on record review and interview, the facility failed to ensure that one employee (Staff C), of three employees selected for record review, completed the required staff in-service training within 30 days of employment.

Findings included:

Record review conducted on , revealed there was no documentation found for training relating to the facility's elopement response, and emergency preparedness & evacuation training completion by Staff C following their initial employment date on .

During an interview with the Administrator, on at 03:11 p.m., they confirmed that Staff C completed the training for elopement response on , and emergency preparedness & evacuation training on ; both completed during Staff C's previous employment at another facility.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that one employee (Staff C), of three employees selected for record review, completed the required ( ) training within 30 days of employment.

Findings included:

Record review conducted on , revealed there was no documentation found for training completion relating to by Staff C within 30 days of employment relative to the facility's policies and procedures. Staff E's documented hire date by the facility on in a direct care position.

During interview with the Administrator, on at 03:11 p.m., they confirmed that Staff C completed the training on during Staff C's previous employment at another facility.

Class III

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

Based on observation, interview, and record review, the facility failed to maintain the employment status of employees within the employee roster listed in the AHCA background screening clearinghouse (Clearinghouse), within 10 business days of initial employment, for three (Staff A, Staff B, and Staff C) of three employee records reviewed.

Findings included:

A review of employee records conducted on showed that Staff A was hired on 11/ , Staff B was hired on , and Staff C was hired on .

A review of the employee roster in the Clearinghouse conducted on showed that Staff A, Staff B, and Staff C were not listed.

An interview was conducted with the administrator at 9:52 AM on concerning the lack of entries

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SUMMARY STATEMENT OF DEFICIENCIES
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in to the employee roister in the Clearinghouse. The administrator acknowledged the lack of entries for Staff A, Staff B, and Staff C.

Unclassified