STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942824	04/18/2017
NAME OF PROVIDER OR SUPPLIER **SANTA TERESITA HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **538 WEST 40 PLACE** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on and concluded on . Santa Teresita Home Care, license number 8357, had the following deficiencies found at time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on observation, record review, and interview, the facility failed to have an approval from the field office prior to changing use of space at the facility.

Findings included:

On at 1:02 P.M., during facility tour was observe that each residents (census of 6) facility had a private . The facility had exit door to the patio and at the left side was observed a private Resident # 6.

Review the original floor plan posted at the entrances door wall revealed that facility are license for four located inside the facility.

During an interview on at 1:51 P.M., the administrator stated this facility had specific characteristics, each resident had their private for their own convenience.

On during a phone interview with the Administrator at 1:19 P.M. He stated that at the floor plan posted was the original one, but they restructured the house. He stated each resident had been placed in a private . He stated before I bought the assisted living facility (ALF) the owner's mom use to live in the outside the license facility area.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review, and interview, the facility failed to obtain an updated health assessment which accurately reflected the resident's health condition for 1 out of 6 sampled residents (Resident #1).

Findings included:

Observation on at 9:25 A.M., during a facility tour with Staff C found Resident #1 was in bed wearing heel protective boots on both feet. Staff D stated she does not have any wounds but we put the

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boots for protection.

A review Residents #1's file revealed that resident was receiving hospice care. The health assessment (AHCA 1823 form) dated . . . showed that resident needed supervision with eating and toileting and assistance with ambulation, bathing, dressing, ⌣ ⌣ and transfer. The facility did not have the new face to face health assessment form for review after the resident was admitted to hospice or had changes in activities of daily living (ADLs)levels.

During an interview in at 3:35 P.M., the Administrator stated Resident #1 does not walked and she needed total assistance with her all ADLs.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview, the facility failed to have update activities calendar posted and offer activities to the residents.

Finding included:

On at 1:00 P.M. during the facility tour was observe activities calendar posted on the facility wall dated 2013. Further observations found staff did not offer activities to the residents during survey.

During an interview on at 2:50 P.M. Staff C stated, "I helped them to walk outside but today we did not offer the activities because we are nervous."

Class III

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

Based on observation, record review and interview, the facility failed to have a physician's order and resident consent for the use of half side bed rails for (#1) of six sampled residents.

Findings included:

Observation on at 9:25 A.M., during a facility tour with Staff C revealed that Resident #1 had half bed rails up at both side of her bed. Per staff resident was no able to remove the bed rails in her own.

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A review Residents #1's file revealed that resident was receiving hospice care. Resident #1 did not have a physician's order for the use of half bed rails or informed consents to the use of half-bed rails in record for review.

During an interview in at 3:35 P.M., the Administrator stated Resident #1 does not walk and she needed total assistance with her all activities of daily living. The facility did not have physician order or consent to use bed rails.

Class III

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

Based on observation, record review, and interview, the facility failed to assist 1 out of 6 (#2) with self-administration of medication at the scheduled time on the medication observation record.

Finding included:

Observation on at 5:10 P.M. observe Staff D assisting resident with self-administration of medication prescribed to Resident #2 at 8:00 P.M., list of medications: Pradaxa 150 mg two times a day and , 25 mg.

Review medication observation record showed that medication above were ordered at 8:00 P.M.

During an interview on at 5:13 P.M. the Administrator acknowledged Staff D did assisted Resident #2 with medications before the one hour window, medication were ordered at 8:00 P.M.. He stated, "this is not going to happen again."

Class III

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

Based on record review and interview, the facility failed to have evidence of negative examinations documented on an annual basis for 2 out of 4 sampled staff (Staff A and B).

Findings included:

Review of Staff A and B's records showed Staff A and B did not have their annual documentation of negative examinations. The last statement on file for Staff A and B were dated 11/ .

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Interview conducted on at 2:50 P.M. the Administrator acknowledged that he and Staff B did not have tests for review.

Class III

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

Based on observation and record review, the facility failed to have a completed application for 1 out of 4 (Staff C) sampled staff.

Finding included:

On at 1:00 P.M., at the time of arrival observe Staff D assisting six residents with activities of daily living.

Record Review showed Staff D did not have employment verification and previous employment since he does not have employment application in record for review.

Class III

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

Based on observation, record review, and interview, the facility failed to have physician order for 1 out of 6 (1) sampled residents for the use boots. The facility failed to have a documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable for 2 out of 6 (1 and 2) sampled residents.

Finding included:

Observation on at 1:02 P.M., during facility tour observe Resident #1 in bed wearing boots in both feet. Staff D stated she does not had but we put the boots for protection.

Review Resident #1's record revealed that facility did not have a physician order to the use

Record review of Resident #1's revealed that inform consent for unlicensed staff to assist with medication was signed by a family member. Further review found Resident #2's record had a family member signed the residency contract. The facility did not have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for review in

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Residents #1 and #2 records.

During an interview on at 4:10 P.M., the Administrator stated, "I don't know why Resident #2's daughter signed the contract because the resident can sign in his own. He acknowledged deficiency found in Resident #1 and #2 records.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to have a resident contract executed at or prior to admission for 1 out of 6 sampled residents (#1).

Findings included:

A review Residents #1's file revealed that resident was receiving hospice care. The resident did not have the Resident #1's contract for review. There was a contract of care for day care, it was no dated and was signed by a family member.

During an interview in at 3:35 P.M., the Administrator reviewed the record and stated, "I do not have it."

Class III

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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on observation, record review, and interview, the facility failed to have an eligible result of the background screening for 2 of 4 (Staff B and D) sampled staff. The facility failed to have attestation of compliance for 2 out of 4 (staff C, and D) sampled staff. The facility failed to have attestation of compliance for 2 out of 4 (Staff C and D) sampled staff.

Findings included:

On at 1:00 P.M., at the time of arrival observe Staff C and D assisting six residents with activities of daily living.

Record review showed that Staff B's background screening result was dated . Further review found Staff D's personnel file had a fingerprint receipt for a background screening application dated .

Record showed that Staff C and D did not have attestation of compliance on record for review.

During an interview on at 2:59 P.M., the Administrator stated let me see if I can print it out the background screening results. Documentation was not provided.

Unclassified

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

Based on observation and record review, the facility failed to ensure the employee roster was updated on the background screening database.

Findings included:

Observations during the tour found Staff B and D at the facility with the residents.

Record review found the facility had four employees, A, B, C, and D. Record review found the employee roster did not have staff members listed.

Unclassified

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

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Base on observation, record review, and interview, the facility failed to have an updated background screening completed for 1 out of 4 (C) sampled staff that had a break in services for more than 90 days.

Findings included:

On at 1:00 P.M., at the time of arrival observe Staff C and D assisting six residents with activities of daily living.

Record Review showed that Staff C's employment application did not have previous employment listed or employment verification since her background screening was dated . Staff D did not have employment verification and previous employment since he does not have employment application in record for review.

During an interview on at 2:45 P.M., Staff C stated I worked in another ALF. Staff was not able to provided information about previous employment.

During an interview on at 3:11 P.M., the Administrator acknowledged deficiencies found.

Unclassified Deficiency