STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953318	**05/01/2017**
NAME OF PROVIDER OR SUPPLIER **JEANETTE BOSTON ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6916 N. 30TH STREET** **TAMPA, FL 33610**	

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

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

Based on interview and record review, the facility failed to maintain an employee roster with the employment and screening status of all employees, including Employee A and Employee B.

Findings included:

On , the Agency website for the background screening clearinghouse was reviewed for the status of the facility employees. No employees were listed on the employee roster for the facility. The background screening website was checked a second time on and there were still no employees listed.

On at 9:45 AM, an interview was conducted with the property owner/financial officer of the facility and he indicated he was not aware the employees had to be listed on the roster.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **JEANETTE BOSTON ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6916 N. 30TH STREET** **TAMPA, FL 33610**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial licensure survey was conducted on at the Jeanette Boston Assisted Living Facility (license # 8616). The Jeanette Boston Assisted Living Facility had deficiencies at the time of the survey.

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

Based on observation, interview and record review, the facility's unlicensed staff failed to provide assistance with self-administration of medication as required by 429.256 by failing to assist one of one sampled residents (Resident #2) to take the ordered medications as prescribed, failing to verify the medication observation record (MOR) for accuracy and by failing to read the medication label in the presence of the resident.

Findings included:

On at 12:250 PM, Employee A approached Resident #2 as he was sitting at the dining table finishing lunch. Employee A stated to Resident #2, "You ready for your medicine?" Employee A then put on gloves, went to the medication cart and removed the medicine from the drawer and approached Resident #2. Employee A popped the medication into a cup and handed it to the resident and watched Resident #2 take the medication. Employee A did not review the MOR prior to giving the resident the medication and did not read the medication label in the presence of Resident #2.

Upon review of both the medication label and the MOR for , 2017, both the label and MOR indicated that the medication was Metroclopram and was to be taken "thirty minutes before meals three times per day...for ."

During an interview with Employee A conducted on at 12:40 PM, when asked if this was her normal process for giving Resident #2 this medication, Employee A stated Resident #2 always got this medication after meals because it "helped with his digestion."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953318	**05/01/2017**
NAME OF PROVIDER OR SUPPLIER **JEANETTE BOSTON ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6916 N. 30TH STREET** **TAMPA, FL 33610**	

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

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on interview and record review, the facility failed to ensure that the training documentation for two of three sampled employees (Employee A and Employee B) contained all of the required information including the date and length of the training, the trainer's name and the trainer's signature.

Findings included:

On , a review was conducted of the personnel file and training certificates for Employee A. The review revealed the following incomplete documentation: the training certificate for control training had no trainer name, number of hours or date on the certificate; the certificate for training had no date, the certificate for elopement training had no date or signature, the certificate for emergency procedures had no date or signature and the certificate for ( ) had no date or signature.
On , a review was also conducted of the personnel file and training certificates for Employee B. The review revealed that the training certificate for emergency procedures had no date or signature.

On at 1:45 PM in an interview, the administrator indicated she understood the requirement for the dates and signatures of the trainers on the training certificates.

Class III