STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	05/05/2017
NAME OF PROVIDER OR SUPPLIER **HERITAGE ALF, INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4406 N MELTON AVE** **TAMPA, FL 33614**	

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, observation and record review, the assisted living facility failed to maintain the employment status of all employees on its roster within the AHCA Background Screening Clearinghouse for 2 of 5 sampled staff (Staff C and Staff I) and 3 former staff.

Findings include:

A review of the Background screening website for providers on showed that the facility's employee roster did not include Staff C or Staff I.

A review of the Background screening website for providers on showed that the facility's employee roster was not updated to reflect the end dates of employment for former staff J, K, and L.

In an interview with the administrator on at 10:50 AM, she stated that staff J has not worked at the facility since the middle of , 2017.

In an interview with the administrator on at 11:00 AM, she stated that staff I was still an employee at the facility, that staff K only worked at the facility for one day and that staff L is no longer an employee at the facility.

In an observation on at the facility, staff C was providing direct care to residents through medication passes.

Unclassified

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

Based on interview, observation and record review, the assisted living facility failed to ensure that staff completed the background screening process prior to the staff having contact with persons for 2 of 5 sampled staff (staff C and D).

Findings include:

A review of staff C's file on , showed that her date of hire was and that she did not have an eligible result on her background screening. The status on the background screening was "agency review required".

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	05/05/2017
NAME OF PROVIDER OR SUPPLIER **HERITAGE ALF, INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4406 N MELTON AVE** **TAMPA, FL 33614**	

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

A review of staff D's file on , showed that her date of hire was and that she did not have an eligible result on her background screening. The status on the background screening was, "awaiting privacy policy".

A review of employee files on for staff C and D did not contain signed attestations.

In an observation of the facility owner on at 3:10 PM, he was on a computer looking at staff C's profile on the background screening website. In an interview at this time, the owner stated that staff C did not have a signed attestation. In an observation at this time, the owner clicked a button on the computer screen to indicate that staff C had a signed attestation on file. The owner then stated that, "I just refreshed and now it shows as eligible."

In an observation of the facility owner on at 3:30 PM, he was on the computer looking at staff D's profile on the background screening website, and he stated that the status at this time was, "awaiting privacy policy".

In an observation on , staff C and D had direct contact with limited mental health residents through face-to-face contact, communication and medication passes.

Unclassified

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

Based on interview, observation and record review, the assisted living facility failed to have signed attestations for 4 of 5 sampled staff (administrator, Staff C, D, and E).

Findings include:

A review of employee files on for the administrator, staff C, D, and E, did not contain signed attestations.

In an interview with the facility owner on at 3:30 PM, he stated that he did not know about the attestation requirement for all employees.

Unclassified.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	**05/05/2017**
NAME OF PROVIDER OR SUPPLIER **HERITAGE ALF, INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4406 N MELTON AVE** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

An unannouced biennial state licensure survey with limited mental health (LMH) was conducted at The Heritage Assisted Living Facility from to . There were deficiencies found at the time of the survey.

(License #7338)

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

Based on observation and interview, the assisted living facility failed to provide assistance with self-administration of medication per the guidelines as noted in , F. S. The facility failed to ensure qualified staff provided assistance with self-administration of medications when preparing pill organizers, by reading the label in the presence of the resident and ensuring the resident took the medication during a medication pass for 4 of 4 sampled residents (Resident #10, # 11, #12 and #17).

Findings include:

On at 8:50 AM, staff F was observed filling a pill organizer for resident #17. In an interview at this time, staff F stated that she was a med-tech and not a licensed nurse. Staff F stated Resident #17 was going on a home pass and would be away from the facility for 4 days.

In medication pass observations on at 3:00 PM, 3:05 and 3:10 PM, staff E did not read the label of the medication container in the presence of the resident and did not observe resident take their medications for resident #10, #11 and #12 respectfully.

In a medication pass observation on from 3:00 PM to 3:15 PM, staff E did not change their gloves or sanitize their hands between multiple resident medication passes.

In an interview with Staff E on at 4:25 PM, she stated that she only wears one pair of gloves while performing medication passes for all of the residents. Staff E stated that she washed her hands prior to starting the medication passes and kept the same pair of gloves on her hands during the entire 3pm medication pass. In an interview at this time, Staff E stated that she does not read the label in the presence of the resident because the residents already know their medications.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	05/05/2017
NAME OF PROVIDER OR SUPPLIER **HERITAGE ALF, INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4406 N MELTON AVE** **TAMPA, FL 33614**	

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

In an interview with the administrator on at 4:00 PM, she stated that there are no licensed nurses completing medication passes at the facility.

Class III

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

Based on observation and record review, the assisted living facility failed to immediately update the medication observation record each time the medication was offered or administered for 1 of 18 sampled residents (resident # 10).

Findings include:

In an observation on at 3:00 PM, staff E assisted resident #10 with self-administered medications by placing 15 mg tablet into a cup, with 4 other medication pills, and handing the cup to resident #10. Resident #10 took the medication cup from staff E, put the medication in his mouth, drank water and swallowed the pills.

In a review of resident #10's medication observation record (MOR) on following the completion of his medication pass, there was a blank in the MOR for the 15 mg tablet dosage, administered at 3:00 PM. Staff E did not immediately document that she administered 15 mg tablet to resident #10.

In a medication pass observation on from 3:00 PM to 3:15 PM, staff E continued to complete the next 4 resident medication passes without signing the MOR for resident #10's 15 mg tablet.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observations, interview and record reviews, the assisted living facility failed to follow medication order instructions relating to dosage times for 2 of 18 sampled residents (resident #10 and #12).

Findings include:

In an observation on at 3:00 PM, staff E assisted resident #10 with self-administered

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	05/05/2017
NAME OF PROVIDER OR SUPPLIER **HERITAGE ALF, INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4406 N MELTON AVE** **TAMPA, FL 33614**	

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

medications by placing 100 MG capsule, Metroprolol 25 mg tablet and 1,000 mg tablet into a cup, with two other medication pills, and handing the cup to resident #10. Resident #10 took the medication cup from staff E, put the medications in his mouth, drank water and swallowed the pills.

In an observation on at 3:10 PM, staff E assisted resident #12 with self-administered medications by placing Buproprion SR 150 mg tablet into a cup, with one other medication pill, and handing the cup to resident #12. Resident #12 took the medication cup from Staff E, put the medications in her mouth, drank water, and swallowed the pills.

A review of resident #10's medication observation record (MOR) on , listed the dosage time as 5:00 PM for 100 MG capsule, Metroprolol 25 mg tablet and 1,000 mg tablet.

A review of resident #12's MOR on , listed the dosage time as 5:00 PM for Buproprion SR 150 mg tablet.

In an interview with staff E on at 4:25 PM, she stated that the medications for residents #10 and 12 have always been given at 3pm, and that she didn't want to change the time of administration, even though the MOR stated the time of the dosage was 5:00 PM. At this time, staff E stated that medications should be administered 1 hour before to 1 hour after the prescribed dosage time.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on interviews and record reviews, the assisted living facility failed to ensure that the Agency Central Office received the change of administrator form. In addition, the facility failed to have a manager who was qualified and who satisfied the competency test requirements.

Findings include:

A review of the Background screening website for providers on listed staff J as the administrator on the facility's employee roster and listed staff B as the assistant administrator.

In an interview with staff D on at 10:10 AM, she stated that staff J was not the administrator when she starting working at the facility. Staff D's date of hire was .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	05/05/2017
NAME OF PROVIDER OR SUPPLIER **HERITAGE ALF, INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4406 N MELTON AVE** **TAMPA, FL 33614**	

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

In an interview with the administrator on at 10:50 AM, she stated that staff J had not worked at the facility for a couple of months. In an interview at this time, the administrator stated that staff B was the manager at the facility.

A review of facility records on , documented that the facility owner sent an email for the change of administrator application on and a follow-up email on . The facility owner sent these emails to the email address of a former AHCA employee, whose employment with AHCA ended in 2016.

During an interview on at 9:14 AM Staff B stated that she was the Assistant Administrator. Staff B stated, "I do everything" to include supervising, monitoring resident's medications, staff supervising. Staff B stated she oversees the daily operations of the facility and works at the facility from 8:00 AM - 5:00 PM Monday - Friday. Staff B stated she has been the assistant administrator for 2 years. Staff B stated she has taken the CORE exam twice and has failed the test twice.

During an interview on at 12:46 PM the Owner stated when he or the Administrator is not at the facility Staff B is in charge of operations and they have a designation letter for Staff B when they are not at the facility.

In an interview with Agency Central Office personnel on at 12:55 PM, they stated that the unit was not notified of the change in administrator.

A review of staff B's file on , revealed a manager designation letter signed by staff B and dated on . A review of staff B's file documented that she did not have a passing score on the core competency test taken on .

Class III

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

Based on interview and record review, the assisted living facility failed to have a written statement from a healthcare provider documenting that the individual does not have any signs or symptoms of communicable within 30 days of hire for 3 of 5 sampled staff (Staff C)

Findings include:

A review of staff C's record on revealed her date of hire as .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	05/05/2017
NAME OF PROVIDER OR SUPPLIER **HERITAGE ALF, INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4406 N MELTON AVE** **TAMPA, FL 33614**	

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

A review of staff C's record on revealed a non-completed, un-signed form in regards to being free from signs and symptoms of communicable .

A review of staff D and E's records on revealed a non-dated, but signed form, that documented the individuals were free from signs and symptoms of communicable .

In an interview with the facility owner on at 3:10 PM, he stated that staff C did not have the required written statement in her personnel file.

Class III

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

Based on interview and record review, the assisted living facility failed to provide or arrange a minimum of 1 hour in-service training within 30 days of employment that covered reporting major incidents and facility emergency procedures as well as a minimum of 1 hour in-service training for resident rights and recognizing/reporting , neglect and , for 1 of 5 sampled staff (Staff C).

Findings include:

A review of Staff C's record on revealed her date of hire as

A review of Staff C's record on revealed that she did not have the required trainings for emergency preparedness and evacuation nor incident reporting.

A review of Staff C's record on , documented that Staff C completed a 1 hour training on that included the following topics: bedbug prevention, inspection and treatment training, policy an procedures regarding 's, control, resident rights, , neglect & , , wandering and elopement policy and procedures.

In an interview with staff B on at 3:15 PM, she stated that there were no training documents in Staff C's record for emergency preparedness and evacuation nor incident reporting.

Class III

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

Based on interviews and record reviews, the assisted living facility failed to train 1 of 5 sampled staff (Staff C) on the facility's policy and procedures regarding ( ) within 30

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	05/05/2017
NAME OF PROVIDER OR SUPPLIER **HERITAGE ALF, INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4406 N MELTON AVE** **TAMPA, FL 33614**	

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

days of hire.

Findings include:

In an interview with Staff C on at 9:15 AM, she stated that she did not know the meaning of .

In an interview with Staff E on at 4:30 PM, she stated that she received the training for when she began working at the facility, but she did not remember the meaning of .

A record review conducted on documented that staff C's date of hire was and she completed a 1-hour training on that included multiple topics, but not a 1 hour training specific to the facility's policy and procedures regarding .

Class III

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

Based on interview and record review, the assisted living facility failed to have personnel records that contained a completed copy of the employment application, with references furnished for 1 of 5 sampled staff (staff C).

Findings include:

A review of staff C's personnel record on , indicated that staff C had a hire date of . Staff C's personnel record did not contain a completed employment application with references

In an interview with the facility owner on at 3:10 PM, he stated that Staff C did not have a completed application with references because this was her first job and that she had no prior work experience. He stated that Staff C did not have any references because she used to live in another country.

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on interview and record review the assistant living facility failed to obtain community living support plans and , agreements that reflected the resident's needs and services for 5 of 5(Resident #5, #8, #14, #15 and #16) sampled residents. The assistant living facility also failed to maintain an

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	05/05/2017
NAME OF PROVIDER OR SUPPLIER **HERITAGE ALF, INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4406 N MELTON AVE** **TAMPA, FL 33614**	

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

admission and discharge log identifying all mental health residents, maintain documentation related to social security income (SSI), [illegible] ( ) benefits, and placement assessments required under 429.075 F.S.

Findings Include:

A review of the facility's admission and discharge log revealed no documentation or identification of the mental health residents residing in the facility.

On at 9:14 AM, an interview was conducted with the Assistant Administrator (Staff B) who stated that all the residents at the facility were limited mental health resident.

On at 12:06 PM, an additional interview was conducted with Staff B. Staff B stated she sent community living support plans and agreements to a case manager that managed 4 residents at the facility two months ago and she has not followed up with the case manager to obtain the documents.

On at 12:44 PM, an interview was conducted with the facility Owner. The Owner states he thought the community living support plans and agreements were completed once the doctor signed them. The Owner admitted that he did not know what a agreement was and what informed was required to be in the resident's community living support plans. Upon further interview, the Owner stated that the facility did not have any documentation of SSI and payments for any of the limited mental health residents.

A review of Resident #5 and Resident #8 file revealed no community living support plan or agreements was available in the resident's files. No documentation of SSI and benefits or placement assessments were available in the files.
A review of 3 sampled community living support plans/ agreements from a stack provided by Staff B and the Owner revealed that the support plan and agreements for Residents #14, #15, and #15 we incomplete and not signed by the residents or the resident's case manager. The documents did not specify any non-clinical support services, responsibilities of the facility, after hours emergency behavioral services or special needs related to the residents.

Class III