STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922155	05/24/2017
NAME OF PROVIDER OR SUPPLIER **BELLE VISTA BLUFFS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1138 ROSEMARY DRIVE** **LARGO, FL 33770**	

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 maintain an up-to-date Background Screening Clearinghouse employee roster for three (Staff C, D and F) of five employees selected for record review.

Findings included:

Record review, conducted on , revealed that Staff C has a documented hiring date of and was working as direct care staff; Staff D has worked at the facility since as direct care staff; and Staff F worked at the facility from to as direct care staff.
Review of Agency for Health Care Clearinghouse Employee Roster, on , revealed that Staff C and D, who are currently working at the facility and Staff F who was no longer working at the facility were not included on the Clearinghouse Roster for the facility.
During an interview with the Administrator, conducted on at 11:33 a.m., she confirmed that Staff C and Staff D were currently employed at the facility as direct care staff and Staff F was no longer working at the facility. She also confirmed Staff C, Staff D, and Staff F were not included in the Background Screening Clearinghouse employee roster within 10 days of employment.

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 two employees (Staff C and F) who provided direct care to the residents had a level II background screening.

Findings included:

Review of Agency for Health Care Clearinghouse Employee Roster, on , revealed that Staff C and Staff F were not included on the Employee Roster for the facility. Further search of employees on the Agency for Health Background Screeening website revealed that neither Staff C nor Staff F had a Level II background screening.
Record review of Staff C and Staff F's personnel file conducted on , revealed that Staff C had a documented hiring date of and was working at the facility and Staff F had worked at the facility from to . Neither Staff C nor Staff F's personnel files contained documentation for a completed Level II background screening.
During interview with the Administrator, conducted on at 11:33 a.m., she confirmed that Staff C

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is a direct care staff that has worked at the facility since . . . . . . The Administrator confirmed that she did not initiate a level II background clearance or checked if Staff C had a level II background clearance prior to employment. The Administrator stated she was aware that Staff F did not have a background screening prior to and during her employment. The Administrator stated that she did not check the results for initiated level II screening for Staff C, but allowed Staff C to work shifts by herself. The Administrator confirmed that Staff C and Staff F did not have a level II background clearance as required.

Unclassified

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0000 - Initial Comments

Assisted Living Facility

A complaint survey, (CCR# 2017003377), was conducted at Belle Vista Bluffs, assisted living facility, on . Belle Vista Bluffs had deficiencies identified at the time of the visit.

(License # 7888)

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

Based on record review, observation and interview, the facility failed to produce documentation showing 2 (staff B & D) of 5 direct care staff had received 1 hour of in-service training for control before providing personal care to residents.

Based on record review and interview, the facility failed to produce documentation showing 1 (staff D) of 5 direct care staff who provide direct care to residents must receive a minimum of 1 hour in-service within 30 days of employment that covers the following subjects: reporting major incidents, reporting adverse incidents, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, resident rights in an assisted living facility, recognizing and reporting resident , neglect and , ,safe food handling and the facility's elopement response policies and procedures. Also 3 hours of in-service training within 30 days of employment that covers the following subjects: Resident behavior and needs and providing assistance with the activities of daily living.

Findings included:

Record review on of the personnel files for direct care staff staff B revealed she was hired on and direct care staff staff D was hired on . there was no documentation their files showing they had received 1 hour of in-service training for control before providing personal care to residents. Both staff B and staff D were observed on the staffing schedule for . Staff B was working from 9 am to 10:30 pm on and staff D was working from 11:00 pm to 7 am on to .

Staff B was observed on at 10:00 am to be providing care to the residents at the facility.

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During an interview with the administrator on at 11:33 am., she confirmed staff B and staff D were employees that provided direct care to the residents and there were scheduled to work on . She also verified that the training documentation was not in their personnel files.

Record review on of the personnel file for staff D revealed she was hired on and there was no documentation in her file showing she had received 3 hours of in-service training within 30 days of employment that covers the following subjects: resident behavior and needs and providing assistance with the activities of daily living. There was no documentation in her file showing she had received a minimum of 1-hour-in-service training within 30 days of employment that covers the following subjects: reporting major incidents, reporting adverse incidents, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, resident rights in an assisted living facility, recognizing and reporting resident , neglect and , , safe food handling and the facility's elopement response policies and procedures.

During an interview with the administrator on at 11:33 am., she confirmed staff B and staff D were employees that provided direct care to the residents and there were scheduled to work on .

When interviewed on at 1:30 pm, the administrator stated whatever was missing from the personnel files of her staff would be fixed and the documentation would be added to their files when the trainings were done.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to ensure that 1 (staff D) of 5 direct care staff receive at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment.

Findings included:

Record review of staff D's personnel file on revealed there was no evidence of training on the facility's policies and procedures regarding . Staff D was hired on and

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worked alone on the 11 pm to 7 am shift for four days a week.

When interviewed on at 1:30 pm, the administrator stated whatever was missing from the personnel files of her staff would be fixed and the documentation would be added to their files when the trainings were done.

Class III

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

Based on record review and interview, the facility did not have 3 (staff B, C, D) of 5 direct care staff currently trained in First Aid and , , ( ). There must be a staff who holds a current valid FIrst Aid and card in the facility at all times.

Findings included:

Record review of the staffing schedule on for staff B revealed she was working at the facility from 9:00am to 10:30 pm on , , , and .

Record review on of the personnel file for staff B revealed there was no documenation in her file stating she had completed a course in Firsr Aid and . Staff B was on the staffing schedule working with staff A on the dates stated above. Staff A did hold a valid First Aid and card but he only worked until 3:00 pm and after that staff B worked with staff C on , , , and and staff C also did not have a valid First Aid or training documentation in her file. This left the facility without anyone with valid First Aid and training from 3:00 pm to 11:00 pm.on , , and .

Staff B stated on at 2:00 pm that she did have the training but she couldn't get a copy of it because her previous employer would not give it to her. Staff C stated on at 2:12 pm that she does not have a valid First Aid and training.

Record review of the personnel files on for staff D revealed she was working the 11 pm to 7 am shift four days a week, Monday, Tuesday, Wednesday and Thursday for entire month of , and she worked these days and times by herself. There was no documenation in her file stating she had completed a course in Firsr Aid and . This left the facility from 11 pm to 7 am for 4 days each week

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without staff who had a valid First Aid and training. There must be someone in the facility at all times with valid First Aid and training.

Staff A stated on he would stay and cover these times today and he would get a staff who had a valid First aid and training to cover these dates and times until staff B, staff C and staff D got their First Aid and training.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to provide annually a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for 1 (staff#D) of 5 direct care staff who were sampled for medication training.

Findings included:

Record review on revealed staff D had successfully completed the initial 4 hour medication training on . Staff D did not complete a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for the 2016. This training must be completed annually.

When interviewed on at 1:30 pm, the administrator stated whatever was missing from the personnel files of her staff would be fixed and the documentation would be added to their files when the trainings were done.

Class III

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

Based on record review and interview, the facility failed to ensure that 1 (staff D) of 5 direct care staff received at least one hour of training on the facility's policies and procedures regarding ( ) within 30 days after employment.

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Findings included:

Record review of staff D's personnel file on revealed there was no evidence of training on the facility's policies and procedures regarding . Staff D was hired on and worked alone on the 11 pm to 7 am shift for four days a week.

When interviewed on at 1:30 pm, the administrator stated whatever was missing from the personnel files of her staff would be fixed and the documentation would be added to their files when the trainings were done.

Class III