

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967632	(X3) DATE SURVEY COMPLETED 06/07/2017
NAME OF PROVIDER OR SUPPLIER DLM HOME CARE SERVICES ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 8416 BARRETT PLACE TAMPA, FL 33612	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated survey was conducted at DLM Home Care Services ALF on , 2017. Deficient practice identified at time of survey.

License# 11673

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

Based on record review and interview, the facility failed to ensure that staff A had a negative examination documentation on an annual basis, documenting that they were free of signs and symptoms of communicable for one of two employees (Staff A) sampled.

Findings include:

A review of Staff A's employee file on revealed a hire date of and a job description for the role of Resident Aid. There was no annual communicable statement from a health care provider in Staff A's employee file.

An interview on at 02:45pm confirmed the missing statements as the administrator stated that the facility did not have a communicable statement from a health care provider for Staff A.

Class III

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

Based on record review and interview, the facility failed to ensure that the facility staff holds a current valid card documenting completion of First Aid or courses for two of two staff sampled (Staff A and Administrator).

Findings include:

During an employee record review for Staff A on , it revealed that there was no valid First Aid or card available at time of survey. A review of the Administrators employee file on , revealed that there were no valid documentation for First Aid or available at time of survey.

In an interview with the Administrator on at 2:45 pm, confirmed that there were no valid First

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Aid and cards in their employee files. He stated that they are scheduled to attend the training soon. No specific date provided at time of exit interview. Class III 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on observation, interview and record review the facility failed to provide an approved emergency plan with provisions for the care of all residents remaining in the facility during an emergency. Findings include: Record review on at 9:01 am of emergency plan provided was approved for , 2013. During an interview with administrator at 9:12 am on he confirmed that an emergency plan had not been updated since . . . , 2013 due to not having any changes. Class III		