STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966458	**06/07/2017**
NAME OF PROVIDER OR SUPPLIER **CENTRAL TAMPA ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **5010 40 STREET NORTH** **TAMPA, FL 33610**	

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

0000 - Initial Comments

Assisted Living Facility

A biennial state licensure survey with limited nursing services (LNS) was conducted at Central Tampa Assisted Living Facility, (license # 10691), on . Central Tampa Assisted Living Facility had deficiencies at the time of the visit.

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

Based on records review and interviews, the facility failed to provide a copy of a written informed consent that unlicensed staff would be assisting with the self-administration of medications for 1 of 2 residents reviewed.

Findings included:

On , a review of resident #12's records revealed an informed consent form that stated "the facility staff assisting residents with medication self-administration will be overseen by a licensed nurse". The form was dated and signed by the resident's representative and initialed by a facility representative (photographic evidence on file).

In an interview with the administrator of the facility at 10:00am on , the administrator stated that the facility does not employ any licensed nurses at all, and that all medication administrations are assisted by Med Techs. At 1:00pm on , the signed consent form from resident #12's records was shown to the administrator, with a request for comment. The administrator stated that the form was prepared erroneously, that it should have stated that the facility did have unlicensed staff assisting with medication self-administration and that they would contact resident #12's representative right away to have them sign a corrected consent form.

Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on records review and interviews, the facility failed to employ or contract with a nurse who would be available to provide limited nursing services (LNS), as needed by residents, and failed to ensure that

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nursing services were conducted and supervised according to standard practice for 4 of 4 residents receiving limited nursing services (LNS).

Findings included:

In an interview at 10:00am on . . . , the facility administrator revealed that the facility had a license for LNS services; however the facility did not maintain a record of the facility policy and procedures, or any other LNS records for LNS services. The administrator stated that they did not maintain a list of LNS residents. The administrator stated they did not employ any nurses, but that all of the facility's nursing services were provided by a home health care agency.

In an interview at 11:25pm on . . . , a home health agency nurse who happened to be in the facility that day, stated that the agency provided nursing services to many, but not all, of the residents in the facility. The home health agency nurse stated that there were 4 residents that the agency was currently providing nursing services for that were could be categorized as LNS services.

At 1:00pm on , in an attempted (but failed) record review of the facility's designated LNS nurse's credentials, the administrator stated that they did not have a registered nurse on contract with the facility to provide LNS services. There were no LNS nurse's credentials to review. The administrator stated they did not know that they needed to have a registered nurse, either employed by or on contract with, to provide LNS services as needed by LNS residents. The administrator stated they thought that having a home health care agency in the facility on a daily basis would cover any LNS needs their residents would have.

Class III

N278 - LNS - Records - 58A-5.031(3) FAC

Based on records review and interviews, the facility failed to maintain records for residents receiving limited nursing services (LNS) for 4 of 4 LNS residents.

Findings included:

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In an interview at 10:00am on , the facility administrator revealed that the facility had a license for LNS services; however the facility did not maintain a record of the facility policy and procedures, or any other LNS records for LNS services. The administrator stated that they did not maintain a list of LNS residents and was unable to say how many residents were currently receiving LNS services. The administrator stated they did not employ any nurses, but that all of the facility's nursing services were provided by a home health care agency.

In an interview at 11:25pm on , a home health agency nurse who happened to be in the facility that day, stated that the agency provided nursing services to many, but not all, of the residents in the facility. The home health agency nurse stated that they did not keep any records for their clients, who were residents of the facility, on the facility premises.

At 11:45am, the home health agency nurse provided a current list of clients residing in the facility who were receiving nursing services from their agency, along with a description of the services they were receiving - the total number was 63. The list and services were reviewed and it was determined that there were 4 residents in the facility who were currently receiving LNS services. The home health agency nurse collaborated that there were 4 LNS residents currently in the facility. Residents #14, #18 and #19 were receiving care and resident #20 was receiving care for a or . The home health care nurse again stated that they did not keep resident medical records on file at the facility but that they could print the agency's electronic records for the facility's residents receiving LNS services.

In an interview with the administrator at 1:00pm, the administrator stated that they had not previously kept a list of LNS residents and what services they were receiving, LNS nursing progress notes or LNS monthly nursing assessments on file for LNS residents, but that they would start doing so in the future.

Class III

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

Based on interview and record review, the facility failed to ensure that all staff employed at the facility who had a required Level II background screen and were part of the Background Screening Clearinghouse were listed on the facility's employee roster. Three of six sampled staff (Employees D, E and F) were not listed on the facility's background screening roster.

Findings included:

During a review of the facility's employee schedule for the week of - , it was noted that Employees D, E and F were employed at the facility. Further review indicated that Employees D and E were direct care staff and Employee F works in the facility laundry and accesses resident . A review of the facility's employee roster on revealed that Employees D, E and F were not listed on the roster.

During an interview with the administrator on at 2:30 PM, the administrator said she did not know the three employees were not listed on the roster and didn't know why they were missing from the roster.

Unclassified