| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11943141 | R<br>06/21/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**ELZAIDA'S TENDER CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**804 SOUTH BELCHER ROAD**<br>**CLEARWATER, FL 33764** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A Revisit to the 10/11/16 Complaint CCRs #2016010743 & 2016010592 survey was conducted on 6/20/17 & 6/21/17, in conjunction with a 3rd Revisit to 2/23/16 & 6/1/16 & 10/ 11/16 Complaint CCR# 2016001818 (Event ID LUO914) survey and a 3rd Revisit to the 6/1/16 & 3/1/16 & 1/21/16 Biennial Surveys (Event ID ELV714).

The Elzaida's Tender Care, Assisted Living Facility (License # 7280), had an uncorrected deficiency identified during the Revisit. Refer to 6/1/16 2nd Revisit to 1/21/16 Biennial Survey (Aspen ELV713).

**0079 - Staffing Standards - Levels - 58A-5.019(3) FAC**

Based on observation, interview, and record review, the facility failed to maintain the required minimum of direct care staffing hours for a facility with 7 current residents (Residents 1-7) and continued to fail to have a qualified Administrator or Manager in charge of the facility.

Findings included:

Per interview with the facility Owner, the facility Owner stated: "I'm here 7 days <a week> running the place." When Surveyor asked for a copy of the facility staffing schedule, the Owner stated that she's the only person working at the facility, but that she has an Administrator who comes by on weekends. The facility's current census is 7 residents. Per Statute, a minimum of 212 staff hours per week is required. The facility is only providing 168 staff hours per week.

Per record review and interview, the facility Owner took initial Core training , but has not kept up 12 hours of continuing education every 2 years as required. Record reviews conducted on revealed that the facility Owner has been signing documents as facility Administrator since - samples included: Resident #3's "Assisted Living Facility with Limited Mental Health License Community Living Support Plan and , Agreement" signed by facility owner as Administrator on ; Resident #3's "Services Offered or Arranged by facility" signed by owner as Administrator on ; Owner listed as Administrator on Resident #1's Community Living Support Plan dated ; Resident #1's "Assisted Living Facility with Limited Mental Health License Community Living Support Plan and , Agreement" dated names Owner as Administrator (photographic evidence obtained).

Per review of the facility's Provider Contact Information on the AHCA Background Screening

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SUMMARY STATEMENT OF DEFICIENCIES
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website and interview with the facility Owner, the listed Administrator (identified as A2) is not employed at the facility. Per review of background screening results, she is not eligible for employment.

Per interview on , the facility Owner stated that she has an Administrator who comes to the facility on weekends to review records. During a phone interview conducted on at 1:00pm with the person the Owner named as Administrator, the person (identified as A3) stated that she had tried to help the Owner out and allow her to use her administrative license but has not done this in months. She stated she no longer wants to be affiliated with the facility because she does not like the way the Owner runs the facility. The Owner stated she had not been told by the former Acting Administrator that she would no longer be the Administrator and stated that she will find another Administrator.

Per observation and interviews, the facility Owner is running the facility as Administrator and, periodically, had a person named as Administrator provide a few hours doing paperwork. The facility continued to fail to have a qualified Administrator or Manager in charge of the facility.

Uncorrected Class III