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

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

0000 - Initial Comments

Assisted Living Facility

A 3rd Revisit to the 2/23/16 & 6/1/16 & 10/11/16 Complaint CCR# 2016001818 survey visits was conducted on 6/20/17 & 6/21/17, in conjunction with a 3rd Revisit to the 1/21/16, 3/1/16, & 6/1/16 Biennial survey (Event ID ELV714) visits and a Revisit to the 10/11/16 Complaints, CCR#2016010743 & 2016010592 (Event ID F0SE12).

The Elzaida's Tender Care, Assisted Living Facility (License # 7280), had uncorrected deficiencies identified during the 3rd Revisit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure completion of Resident Health Assessments for Assisted Living Facilities (AHCA Form 1823) for three (Resident s #3, 7, and 4) of seven sampled residents to assist the Owner or Administrator in the determination of the appropriateness of the resident's admission and continued stay in the facility.

Findings included:

Record reviews conducted at the facility on revealed the following:

Resident #3's Form 1823 was undated and had no examiner's signature, address, medical license number, telephone number, or date of examination.

For Resident #4's Form 1823, dated , the question: "Does the individual have a communicable , which could be transmitted to other residents or staff?" is not completed (left blank). There was no indication that the Owner or Administrator contacted the Medical Doctor for complete information.

For Resident #7's Form 1823, dated , the Examiner stated "Yes" to Requires 24-hour nursing or care, but "Yes" to needs can be met in an Assisted Living Facility, which appears altered (refer to photographic evidence). There was no indication that needed clarification was requested of the Medical professional in order for the Owner or Administrator to determine appropriateness of the resident's admission and continued stay in the facility.

On , the Owner stated it was not her responsibility to verify the 1823 is complete, the information is correct, or to contact the physician to correct it. She stated that it would be the

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responsibility of the pharmacy. On , the Owner stated she has complete 1823s for all residents.

Uncorrected Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interviews, the facility continued to fail to honor 7 (Residents # 1-7) of 7 residents' rights to live in a clean and safe environment.

Findings included:

On at 9:00am, the Surveyor noticed how uncomfortably warm the house was. The thermostat read 81 degrees. At 10:00am, the temperature was up to 82 degrees, and by 2:00pm, the temperature was 83 degrees. Per interview, the Owner stated the temperature was comfortable.

Per continued interview, the Owner stated the air does not work well and the company that came out to service the air conditioner stated they could not do anything. The air conditioner needed to be replaced and that cost 10,000 dollars.

The Surveyor conducted a telephone interview on with an employee of an air conditioning company that serviced the facility's air conditioning. The company's representative stated the air conditioner was working fine & that they only went out to service and change the filter on . The documentation indicated there were no concerns.

The Owner stated that she puts the temperature down to 70 and it will not cool the house if it still reads 82 degrees. The temperature outside was more comfortable than inside the house. The facility had all the windows shut. The Owner stated that she could not do anything about the heat.

The house was observed dingy and in need of a deep cleaning. The Owner stated the Housekeeper comes on the weekend and cleans the house and the residents are to keep their clean. The windows were observed dirty and the window treatments needed to be cleaned. A window on the back porch was broken and had part of the broken glass pane left in it, posing a danger to the residents.

The Owner stated she planned to replace some of the facility flooring and would have the walls painted after that.

The Surveyor observed all the residents' were cluttered with clothes and personal items. The Owner stated that residents leave everything out and on the floor. There isn't any organization. The

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residents do not show any respect for their home or the Owner. The residents are running the house. One resident was on her bed smoking a cigarette and dropping the ashes on the floor. When this Surveyor inquired, the resident got right up and went outside to smoke. Per record reviews, House Rules include: "Smoking permitted in Designated Areas only - Outside of Residence." The Owner/sole provider stated none of the residents listen to her, that when she comes out of her the morning, the residents have cigarette butts on the table, on the floor, and everywhere.

Uncorrected Class III

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

Based on interview, observation, and record review, the facility failed to ensure Medication Observation Records (MORs) for four (Residents # 1, 2, 3, and 7) of seven sampled residents, included any known the resident may have, the name of the resident's health care provider, and the health care provider's telephone number.

Findings included:

On , the Surveyor observed the facility Owner initialing MORs after providing residents medications and verbalizing the need to promptly initial after each medication provision.

Per the review of Medication Observation Records (MORs) dated 6/1- , Residents #1, #2, #3, & #7's MORs contained the resident's name & date of birth and doctor's name, however, no information was provided and no doctor's address or phone number was provided as required.

Uncorrected Class III

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observation, record review, and interview, the facility failed to ensure that 2 (Residents # 4 & 5) of 7 residents, receiving assistance with self-administration of medications from an unlicensed staff person, were not provided non- prescribed over the counter pain relief medication.

Findings included:

On at 11:15 am, the Surveyor observed the facility Owner putting 4 caps in a 2-part planner container from an over the counter supply. The Owner stated, "They don't have , but if they need it, I give. I have to write it in the MOR." The Owner took 1 cap from the container & put it in

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the bottle cap for resident #4, provided the medication and water for resident, & the resident swallowed the medication with water. The Owner was observed writing " , 2 tabs" on Resident's MOR. The Owner stated she was adding medication to list because she gave the med. The Owner then initialed as provided in date space, no info written on reverse of MOR.

On :30pm, the surveyor observed " , PRN" handwritten on Resident #5's MOR and initialed as provided on with no date/time, medication, reason, result/response, or initials written on reverse of page which was blank (photographic evidence obtained). The Owner stated she gave the medication to Resident #5 because she had a , the same as Resident #4 earlier in the day and showed the Surveyor that she wrote it down and initialed when she gave the medication. Residents #4 & #5 did not have physician orders for the medication provided.

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC

Based on observation, interview, and record review, the facility was cited on and for Class III deficiencies regarding providing assistance with self-administration of medications. The facility is therefore required to employ the consultant services of a licensed pharmacist or a licensed registered nurse who shall shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.

Findings included:

On and , the facility failed to ensure that residents receiving assistance with self-administration of medications from an unlicensed person are provided medications as prescribed in accordance with procedures described in Section 429.256, F.S.

See A 0054 and A 0057

Class III

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

Based on observation, record review, and interview, the facility failed to be under the supervision of an Administrator in compliance with continuing education requirements who is responsible for the operation and maintenance of the facility and provision of appropriate care to 7 (Residents 1-7) of 7 current residents.

Findings included:

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Per review of the facility's Provider Contact Information on the AHCA Background Screening website and interview with the facility Owner, the listed Administrator (identified as A2) is not employed at the facility. Per record review and interview, the facility Owner took initial Core training on , but has not kept up 12 hours of continuing education every 2 years as required.

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.

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).

Per continued interviews on , the facility Owner stated: "I'm here 7 days running the place." "Yes, I need an Administrator." "I'm stuck here because I don't drive." "I have to get out of the business. I don't want to be Administrator. My cannot take any studies and I'm half in one eye." Per observation and interviews, the facility Owner was running the facility as Administrator and periodically had a person named as Administrator provide a few hours doing paperwork.

The Owner, acting as Administrator, is not in compliance with continuing education requirements, must retake the core training and core competency test requirements in effect on the date the non-compliance was discovered by the agency ( ).

Uncorrected Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interviews, the facility continued to fail to honor 7 (Residents # 1-7) of 7

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residents' rights to live in a clean and safe environment.

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