STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968529	**07/10/2017**
NAME OF PROVIDER OR SUPPLIER **BELLA ROSE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **804 W YUKON ST** **TAMPA, FL 33604**	

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

0000 - Initial Comments

Assisted Living Facility

On , a biennial re-licensure survey with limited mental health (LMH) was completed in conjunction with a complaint investigation, (CCR# 2017004280), at Bella Rose Assisted Living Facility. Deficient practice was identified at the time of the visit.

(License # 12409)

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

Based on record review and interview, the facility did not ensure that a staff member completed an education course in and (and) within 30 days of employment for one (Staff C) of four employees reviewed.

Findings included:

On , a review of Staff C's employee file revealed that Staff C had a hire date of . Further review of Staff C's employee file revealed that there was no certificate in Staff C's employee file showing that Staff C had completed an education course in and .

In an interview on at 3:45 PM, the Administrator stated that she believed the employee had completed that training and would look for the certificate.

In a follow up interview on at 4:22 PM, the Administrator stated that she was unable to locate Staff C's missing training certificates. No additional documents were provided to the surveyor.

Class III

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

Based on record review and interview, the facility did not ensure that a staff member who had completed courses in First Aid and , ( ) and held a valid card documenting

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completion of such courses was in the facility at all times for two (Staff B and C) of four employees reviewed.

Findings included:

On , a review of Staff B's employee file revealed that there was no documentation in the file showing that Staff B had completed courses in First Aid and . There was no valid card documenting the completion of those courses for Staff B. Further review of Staff B's file revealed that Staff B had a date of hire of .

On , a review of Staff C's employee file revealed that there was no documentation in the file showing that Staff C had completed courses in First Aid and . There was no valid card documenting the completion of those courses for Staff C. Further review of Staff C's file revealed that Staff C had a date of hire of .

On , a review of the facility's current employee schedule revealed that Staff B was the only employee in the facility for a portion of her scheduled shift Monday through Friday and Staff C was the only employee in the facility for her entire scheduled shift Monday through Thursday. Staff B was the only staff member scheduled to be in the facility from 4:00 PM to 11:00 PM on Mondays, Wednesdays, and Fridays and was the only staff member scheduled to be in the facility from 5:00 PM to 11:00 PM on Tuesdays and Thursdays. Staff C was the only staff member scheduled to be in the facility from 11:00 PM to 7:00 AM Mondays through Thursdays.

In an interview on at 4:22 PM, the Administrator stated that Staff B and Staff C had completed the First Aid and courses online and were just waiting to get the paperwork sent to them. No additional documents showing that Staff B and C had completed courses in First Aid and were provided to the surveyor.

Class III

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

Based on record review and interview, the facility did not ensure that direct care staff received at least one hour of training in the facility's policy and procedures regarding ( ) within 30 days of employment for one (Staff C) of four employees reviewed.

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Findings included:

On , a review of Staff C's employee file revealed that Staff C, a direct care staff member, had a hire date of . Further review of Staff C's employee file revealed that there was no documentation that Staff C had completed any training in the facility's policies and procedures regarding .

In an interview on at 3:45 PM, the Administrator stated that she thought Staff C had completed that training and that she would look for the documentation of the training.

In a follow up interview on at 4:22 PM, the Administrator stated that she was unable to find any documentation that Staff C had completed the required training.

Class III

0151 - Physical Plant - Existing Facilities - 58A-5.023(2) FAC

Based on observation and interview, the failed to ensure that locking mechanism of facility exit doors adhered to fire safety standards. Specifically, security door chains on five of five exit doors were positioned within reach of residents, and one (front door) of five exit doors was equipped with locking hardware that could not be opened from the inside without a key.

Findings included:

During initial tour, conducted on at 09:00 a.m., Staff A was observed locking front. Locking mechanism requires a key to unlock and exit the facility. Two exit doors located in the dining area observed with safety latches, and security door chains positioned toward the top of the door (out of residents' reach). One exit door near # and one exit door in # observed with the security door chains positioned toward the top of the door.
While conducting interview with staff B, on at 1:22p.m., Staff confirmed that the front door requires a key to unlock from the inside. When asked, Staff B was unable to open the door in dining area. At 01:28 p.m. The Administrator tried to open the door and was unable to. The Administrator

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called staff A to assist and door was opened. The administrator confirmed that door that staff had difficult time opening the doors and that the positioned of security chains was out of resident's reach.

Interview with Fire Inspector from City of Tampa, who conducted the last fire safety inspection, on , he Security chains on exit doors was positioned too high, and should not be positioned higher than five feet high.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility did not ensure that a copy of the employment application with references furnished was maintained in the employee record for three (Staff A, B, and C) of four employees reviewed.

Findings included:

On , a review of Staff A's employee file revealed that Staff A had an employment application dated . A review of Staff A's employment application revealed that there were no references listed on the application for employment. The application for employment did not contain a section for references to be listed by the employee.

On , a review of Staff B's employee file revealed that Staff B had an employment application dated . A review of Staff B's employment application revealed that there were no references listed on the application for employment. The application for employment did not contain a section for references to be listed by the employee.

On , a review of Staff C's employee file revealed that Staff C had an employment application dated . A review of Staff C's employment application revealed that there were no references listed on the application for employment. The application for employment did not contain a section for references to be listed by the employee.

On at 3:45 PM, the Administrator confirmed that Staff A, B, and C's applications for employment did not include references.

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Class III