STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942824	R 07/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANTA TERESITA HOME CARE	**538 WEST 40 PLACE** **HIALEAH, FL 33012**

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on . Santa Teresita Home Care, license number 8357, had the following deficiencies found at time of the survey:

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

Based on record review and observation, the facility failed to have a completed health assessment by a health care provider professional for one out of seven sampled residents (#2). The assessment did not specify the medication mode.

Findings included:

Observation on at 2:39 P.M. revealed Staff E assisted Resident #2 with self-administration of medication, 100 mg.

Record review showed Resident #2 ' s health assessment dated did not specified what assistance resident needs with medication (blank).

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to provide a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility for one out of five sampled staff on an annual basis (Staff E and F).

Findings included:

Observation on at 2:39 P.M. found Staff E assisting Resident #2 with self-administration of medication, 100 mg.

Record review revealed Staff E and F did not have documentation of a minimum of 2 hours of continuing education training on providing assistance with self-administration of medications. The last training found for Staff E was dated and Staff F's document was not dated.

Class III

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NAME OF PROVIDER OR SUPPLIER **SANTA TERESITA HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **538 WEST 40 PLACE** **HIALEAH, FL 33012**	

SUMMARY STATEMENT OF DEFICIENCIES
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0162 - Records - Resident - 58A-5.024(3) FAC

Base on observation, record review and interview, the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for two out of seven sampled residents (#2 and #7).

Finding included:

Record review of Residents #2 and #7's files revealed the agreements of care were signed by a family members. The facility did not have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for review in Residents #2 and #7's records.

During an interview on at 2:25 P.M. Resident #2 daughter stated I do not have power of attorney but I signed his documents.

Uncorrected Class III

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANTA TERESITA HOME CARE	**538 WEST 40 PLACE** **HIALEAH, FL 33012**

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

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

Based on observation, record review, and interview, the facility failed register with the clearinghouse and maintain the employment status of all employees within the clearinghouse.

Findings included:

On at 12:35 P.M. observations found Staff E and the Administrator assisting six residents with activities of daily living in the facility.

Record review found the facility had four employees, A, B, E, and F. Record review found the employee roster on the clearinghouse within the background screening database did not have staff members E (hired on) and F (hired on) listed.

During an interview on at 2:31 P.M. the Administrator stated, "Staff members C and D are not working in the facility, since last month."

Review the background screening database showed that staff C and D did not have termination date .

Unclassified deficiency

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation and record review, the facility failed to have an eligible result of the background screening for one of five sampled staff that provide personal care or services directly to clients or have access to client funds, personal property, or living areas (Staff E).

Findings included:

On at 12:35 P.M. observations found Staff E and the Administrator assisting six residents with activities of daily living in the facility.

Record review revealed Staff E's background screening status showed "Agency Review Required."

Review background screening database on revealed Staff E's background screening status stated, "Agency Review Required."

Unclassified deficiency

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