STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	**07/27/2017**
NAME OF PROVIDER OR SUPPLIER **TYRONE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2192 74TH STREET, NORTH** **SAINT PETERSBURG, FL 33710**	

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

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

Based on observation, interview and record review, the facility failed to conduct Level 2 background screening, pursuant to Chapter 435 F.S, for employees that provide personal care and services or have access to client funds, personal property, or living areas for two (Administrator and Staff B) of three employee records reviewed.

Findings included:

A review of employee records was conducted on for the Administrator and Staff B. The records and observation showed that the Administrator had access to residents' personal property and living areas and Staff B provided personal care and had access to residents' personal property and living areas. The two employee records revealed that the Administrator's record had no current proof of Level II background screening. A review of Staff B's record showed no proof of a Level II background screening.

A review of AHCA's Background Screening website on revealed that the Administrator and Staff B's names were not present after the two employee's names and social security numbers were provided by the Manager.

The Manager was interviewed at 11:36 AM on concerning the lack of proof of Level II background screening for the Administrator and Staff B. The Manager acknowledged that there were no records of Level II background screenings for the Administrator and Staff B. The Manager stated that they "just got the clearinghouse working."

Unclassified

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SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017007469), was conducted at Tyrone Manor on . Tyrone Manor had deficiencies at the time of the investigation.

(License # 7309)

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on interview and record review, the facility failed to ensure that one (Resident #1) of four sampled residents met criteria for admission to an assisted living facility.

Findings included:

An interview was conducted with the Manager at 10:00 AM on . The Manager stated that Resident #1 was admitted to the facility but "should not have been". The Manager stated that Resident #1 utilized a wheelchair, was not able to transfer from the wheelchair to the toilet by themselves, and the staff were not capable of lifting the resident to assist with the ADLs. The Manager stated that Resident #1 was discharged from the facility the day after being admitted.

A review was attempted of Resident #1's record on that same date. Per the Manager, Resident #1's record was not at the facility. The facility had no documentation indicating that Resident #1 had been evaluated by a health care provider as being able to have their needs met in an assisted living facility.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on interview and record review, the facility failed to provide proof of in-service training, within 30 days of employment, for two (Staff A and Staff B) of three employee records reviewed.

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

Findings included:

A review of employee records conducted on showed that Staff A was hired in 2017 and Staff B was hired in 2011. Facility records indicated that Staff A and Staff B provided direct care to the facility's residents. A review of Staff A and Staff B's records showed no proof of training in resident rights in an assisted living facility/recognizing and reporting resident , neglect, and , (Resident Rights Training) or providing assistance with the activities of daily living (ADL Training).

The Manager was interviewed at 11:41 AM on and acknowledged the lack of proof of Resident Rights Training and ADL Training in Staff A and Staff B's records.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on interview and record review, the facility failed to maintain an up-to-date admission and discharge log listing the names of all residents and dates of admission and discharge for two (Resident #1 and Resident #6) of four resident records reviewed.

Findings included:

A review of the facility's admission/discharge log conducted on revealed that Resident #1 and Resident #6 were not listed. A review of Resident #6's closed record showed that they were admitted to the facility on . There was no documentation on the admission/discharge log as to the admission date, discharge date, reason for discharge, or where Resident #6 was discharged to (photographic evidence obtained).

An interview was conducted with the manager at 10:00 AM on concerning Resident 1's admission and discharge. The Manager stated that Resident #1 was admitted to the facility and discharged the next day. A review of the facility's admission/discharge log showed no documentation concerning Resident #1's admission date, discharge date, reason for discharge, or where the resident was discharged to (photographic evidence obtained).

An interview was conducted with the Manager at 11:41 AM on and they acknowledged that

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

Resident #1 and Resident #6 were not listed on the admission/discharge log.

Class III

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

Based on interview and record review, the facility failed to maintain resident records on the premises that included demographic data, health care provider information, a copy of the resident's contract with the facility, and any orders for medications for one (Resident #1) of four resident records reviewed.

Findings included:

A review of resident records was conducted on . A request was made to review Resident #1's record.

The Manager was interviewed at 10:21 AM on concerning Resident #1's record and they stated that the record was not on the premises.

Class III