STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910758	**08/03/2017**
NAME OF PROVIDER OR SUPPLIER **WIRICK (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **434 4TH STREET, NORTH** **SAINT PETERSBURG, FL 33701**	

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

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

Based on records review and interview, the facility failed to register all persons subject to background screening with the Background Screening Clearinghouse, 5 of 10 employees reviewed.

Findings included:

A review of the facility staffing schedule (dated) on at 1:00pm revealed scheduled direct care staff to meet the staffing level requirements for the facility. The facility had a census of 36 residents. In an interview with Staff G, the Resident Manager, at 1:00pm, Staff G stated that the schedule provided (photographic evidence provided) was a standing weekly schedule and it would not change unless they either hired new staff or lost staff members.

The staffing schedule showed the following: Staff B was scheduled to work Mondays, Tuesdays, Wednesdays, Thursdays, and Fridays from 8:00am to 4:00pm. Staff E was scheduled to work on Saturdays and Sundays from 8:00am to 4:00pm Staff F was scheduled to work Mondays, Tuesdays, Wednesdays, Thursdays and Fridays from 8:00am to 4:00pm. Staff D was scheduled to work on Mondays, Tuesdays, Wednesdays, Thursdays and Fridays from 4:00pm to 12:00pm. Staff H was scheduled to work on Saturdays and Sundays from 12:00am to 8:00am and from 4:00pm to 12:00am and on Mondays from 12:00am to 8:00am. Staff I was scheduled to work on Saturdays and Sundays from 8:00am to 4:00pm.

A review of the facility background screening roster on revealed that Staff B, Staff E, Staff F, Staff D and Staff I were missing from being listed on the background screening roster. Photographic evidence inlcuded.

Unclassified

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0000 - Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey with limited mental health Services (LMH) and limited nursing services (LNS) was conducted on .

Wirick (The), Assisted Living Facility, had deficiencies at the time of this visit.

The statement of deficiencies was administratively amended on .

(License # 9)

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

Based on records review and interview, the facility failed to ensure that the administrator satisfied the core training continuing education requirements of 12 hours every 2 years.

Findings included:

A records review on at 2:00pm revealed that the administrator did not have any continuing education training certificates for the past two years except for a 2 hour continuing education training of 2 hours on /7 for medication self-administration. The requirement is for 12 hours of continuing education, therefore the administrator was mission 10 hours of continuing education training for the past 2 years.

In an interview on that same date at 2:30pm, the administrator stated that he thought the training documentation he had would satisfy the requirement.

Class III

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0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on records review and interview, the facility failed to ensure that direct care staff had the required background screening, reference checks, statements of freedom from communicable including . . . . . ( ) and job descriptions for 2 of 4 staff reviewed.

Findings included:

A staff records review was conducted on at 2:00pm. Staff B began working at the facility on and was on the schedule to be working Monday through Friday from 8:00am to 4:00pm. A review of Staff B's records revealed that there was no job application or list of references in the file. There was no job description on file and no evidence of a level 2 background screening. Staff B's record did not contain evidence of being free of or any communicable . . . . . . A review of the state background screening website on revealed that Staff B required a new screening, therefore was not eligible to be working directly with . . . . . residents.

An interview with the Administrator at 3:00pm revealed that the administrator was unaware that Staff B was not eligible to be working at the facility with residents and stated they would ensure that Staff B had a background screening and the appropriate and communicable . . . . . testing. The administrator was unaware of the requirement to have a job description for employees when the facility has more than 17 residents.

Staff D began working at the facility on . . . . . Staff D was on the schedule to be working Monday through Friday from 4:00pm to 12:00am. A review of staff D's records revealed that there was no job description on file and that Staff D had no statement in the file stating that Staff D was free of and communicable .

An interview with the administrator revealed that the administrator was unaware of the fact that Staff D did not have the appropriate screenings to be working among . . . . . residents and that it was required to have a job description for employees when the facility had more than 17 residents.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on interview and record review the facility failed to ensure that all menus to be used shall be

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reviewed annually by a registered dietician, licensed dietitian/nutritionist, or by a dietetic technician, to ensure the meals are commensurate with nutritional standards.

Findings included:

A record review at 2:00pm on revealed no signature or dates on menus maintained by facility. The menu dates appeared to have been whited-out and changed to a date other than the original date. Further review of records indicated that the license of the contracted dietician had expired on .

In an interview on at 3:25 p.m., the facility Administrator reported being unaware of dietician's license expiration and stated they would look into getting another dietician.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on records review and interviews, the facility failed to ensure that the administrator and staff, having direct contact with the residents, recieved the miniumum required limited mental health training.

Findings included:

A review of the facility license revealed that the facility holds a current assisted living facility with limited mental health services license.

On at 3:00pm, a records review of the facility administrator's training certificates revealed the administrator did not have the required 6 hour limited mental health specialized training certificate. In an interview with the administrator, inquiring about the training, the administrator did not think it was required to have it.

On at 3:30pm, a records review of Staff C's records revealed that Staff C was a direct care staff member that worked directly with limited mental health residents. Staff C had had a certificate for the initial 6 hour limited mental health training dated . Staff C was employed by the facility on . Staff C did not have a certificate for the required 3 hour limited mental health continuing

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education training. An interview with the administrator on . . . revealed that the facility was unaware that the 3 hour continuing education training was not satisfactorily completed. .

Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on records review and interview, the facility failed to provide a qualified nurse to provide limited nursing services (LNS).

Findings included:

A review of the facility's license revealed that they hold a current assisted living facility license, with limited nursing services. A record review of the facility's limited nursing services staffing revealed that the facility had signed a contract with a registered nurse on . . . . . . The facility did not have a copy of the registered nurses' license or level II background screening eligibilty documents on file at the facility. The AHCA background screening website was searched on . . . . at 10:50am and it revealed that the registered nurse the facility had contracted with was not eligible. It said, "a new screening is required". Photographic evidence available.

In an interview with the facility administrator at 11:30pm, the administrator stated they were unaware of the nurse's eligibility status and would need to find a qualified nurse to provide limited nursing services.

Class III