STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910970	**08/22/2017**
NAME OF PROVIDER OR SUPPLIER **TGL RESIDENCE & ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3210 SW 104 COURT** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Complaint Survey (CCR #2017008558) was conducted on . TGL Residence & ALF (AL 5959) with standard license had the following deficiencies identified at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review, and interview the facility failed to meet continued residency. The facility also ailed to have an updated health assessment for 1 out of 13 (Resident #5) facility residents who had changes in health condition.

Findings as follow:

On at 9:30 a.m. Resident #5 was observed in bed.

On at 9:40 a.m. Staff B stated Resident #5 is non ambulatory and needed total assistance with the activities of daily living such as walking, bathing, dressing.

Resident #5's assessment date showed Resident #5 needed assistance with the activities of daily living.

Class III

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

Based on observation, record review, and interview the facility failed to honor residents' rights by placing residents of different in the same their consent (#1 and #3). The facility also failed to honor 2 out 13 residents' rights for privacy (Resident #5 and #9). The facility failed to ensure that physical were limited to half bedrails in 1 out of 13 sampled residents (Resident #5).

Findings as follow:

On at 9:30 a.m. during facility tour observed Residents #1 and #3 were sharing # . Resident #5 was in bed with full bedrails in upright position. In # observed three beds, Resident #4 was sleeping in one. Staff B stated she also slept in that (#4) with Staff C.

On at 9:30 a.m. Staff B stated Residents #1 and #3 were not related.

On at 10:15 a.m. Resident #3 stated nobody asked him if wanted to sleep in the

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Resident #1. He added that it was the owner's decision.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period

Findings as follow:

On . . . . . at 9:30 a.m. Staff B and C were observed working in the facility with a census of 8 residents. On at 1:04 P.M. Staff F arrived. Staff F stated that staff was covering a shift and also slept in facility.

The staffing pattern posted revealed:
Staff D was scheduled to work from 6 am to 8 PM
Staff B was scheduled to work from 6 am to 6 PM
Staff E was scheduled to work from 6 PM to 6 AM
Staff C and F were not listed in the schedule.

On . . . . . at 11:30 a.m. Staff B stated Staff D and E were out of the country.

Class III

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

Based on observation and interview the facility failed to ensure that residents who use portable bedside commodes were provided with privacy during use.

Findings included:

On at 9:30 a.m. during facility tour, observed # with two bedside commodes next to Residents #5 and #9's beds. The . . . . not have any privacy offered to the residents for the use of bedside commodes.

On at 9:30 a.m. Staff B stated the commodes in # were used for Residents #5 and #9.

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Class III

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

Based on record review and interview the facility failed to have an up-to-date admission and discharge log. The facility failed to have documentation of a current fire safety inspection.

Findings as follow:

Record review revealed the facility failed to have Residents #7, #10, #11, #12 listed as discharged. Resident #13 was listed on the log with no admission/discharge dates.

Record review also revealed the facility's last fire inspection available was dated .

On at 11:30 a.m. Staff C stated the admission and discharge records were not up-to-date because the owner was out of the country to see a sick family member. She also believed the Fire inspection was misplaced.

Class III

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

Based on observation, record review, and interview the facility failed to comply with the training and background screening requirements for 1 out of 6 (Staff C) facility Staff.

Findings as follow:

On at 9:30 a.m. Staff C was observed assisting residents with activities of daily. Further observations on at 11:51 a.m. found Staff C was observed preparing food in the kitchen.

Personnel record review revealed the facility did not have records for Staff C which included a completed application and training documentation.

On at 10:30 a.m. Staff C stated that Staff E asked her to come and work to this facility but she had no training and no background screening because she works in a private home taking care of a person.

Class III

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0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to provide a refund to 1 out of 13 sampled residents (Resident #10) who , , .

Findings as follow:

Record review showed Resident #10 had a contract executed with the facility dated . Refund policy stated, "TGL residence shall make a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident"

Record review revealed Resident #10 , , on .

On at 12:06 p.m. Staff B stated Resident #10's daughter came to the facility at the end of , to request the refund. She stated that they did not know whether the Administrator gave her the refund.

On at 2:45 p.m. Staff A stated they had not given the refund to the daughters of Resident #10.

Class III

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

Based on observation, record review, and interview the facility failed to register with the clearinghouse and maintain the employment status of 2 out of 6 (Staff C and F) employees within the clearinghouse.

Findings as follow:

On . . . . . at 9:30 a.m. Staff B and C were observed working in facility. On . . . . . at 1:04 p.m. Staff F arrived to the facility. Staff F stated that is covering a shift and also sleeps at home.

Review of the clearinghouse database facility's employee roster revealed Staff B, C and F were not listed.

Unclassified

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

Based on observation, record review, and interview the facility failed to have a level 2 background screening performed for 1 out of 6 (Staff C) facility Staff.

Findings as follow:

On at 9:30 a.m. Staff C was observed assisting residents with activities of daily. Further observations on . . . . . at 11:51 a.m. found Staff C was observed preparing food in the kitchen. On at 12:19 PM Staff C was observed serving food to Resident #3 and feeding Resident #4.

Personnel record review revealed the facility did not have records for Staff C which included an eligible level 2 background screening.

On . . . . . at 10:30 a.m. Staff C stated that Staff E asked her to come and work to this facility but she had no training and no background screening because she works in a private home taking care of a person.

Unclassified