STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967668	10/12/2017
NAME OF PROVIDER OR SUPPLIER **NINI'S TLC CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **5118 EL DORADO DRIVE** **TAMPA, FL 33615**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced abbreviated biennial re-licensure survey was conducted on at Nini's TLC Corp., (License #11676), an Assisted Living Facility located in Tampa, Florida. There were deficiencies identified during the survey.

(License #11676)

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

Based on observation, interview and record review, the facility failed to ensure privacy was provided during while a resident was unclothed, with door of , (Resident #1), and used for one (Resident #1) of five residents. The facility placed five of five residents at risk by failing to ensure an employee (Staff C) was free of disqualifying criminal offenses and allowing access to residents' and nude resident, without a Level II background screening.

Findings include:

While conducting facility tour on at 07:15 a.m., Resident #1 was observed seated on a shower chair in the the door opened. Resident #1 was completely nude, with Staff A assisting resident with . Staff C, who was observed cleaning residents' , walked into the unclothed Resident #1 and Staff A.

When asked for name, staff said, "No I am not going to give you my name. I am only helping here. I don't work here." Staff A was dressed in scrubs. When asked, she confirmed that she was cleaning resident's , and that she was in the a nude resident. She confirmed that she was not Resident #1s family. After refusing to provide her name, Staff C stated that she helps Staff A, with her duties to include cleaning and taking care of residents.

On at 07:24 a.m., the facility owner stated that Staff C helps Staff A at night. The owner confirmed that Staff C does not have a level II background screening.

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	AL11967668	**10/12/2017**
NAME OF PROVIDER OR SUPPLIER **NINI'S TLC CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **5118 EL DORADO DRIVE** **TAMPA, FL 33615**	

SUMMARY STATEMENT OF DEFICIENCIES
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At 07:35a.m. Resident #1 was observed seated in a wheelchair with a single strap around his waist, buckled. The owner stated at that time that the Resident #1's wife wants the resident to be strapped when being moved with a wheelchair. When asked if he could remove the belt, Resident #1 was not able to unbuckle the belt.

During interview with the Owner and Administrator, on at 09:23 a.m., the Owner confirmed there was no physician orders for a single strap and buckle used for Resident #1.
Record review for Resident #1 confirmed there were no orders for the strap and buckle.

Class III

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

Based on observation, interview and record review, the facility failed to maintain personnel records for Staff C who was observed cleaning residents' and entering unclothed resident.

Findings included:

While conducting facility tour on at 07:15 a.m., Staff C, who was observed cleaning residents' , walked into the unclothed Resident #1 and Staff A. Staff C state that she helps Staff A, with her duties to include cleaning and taking care of residents.

On at 07:24 a.m., the facility owner stated that Staff C helps Staff A at nigh. The owner confirmed that Staff C does not have any record at the facility.

An attempted record review on confirmed that there was no records for Staff C.

During family interview, for Resident #1, on at 11:09 a.m., Resident #1's family member stated that Staff C is at the facility at night with Staff B, and assists with the cleaning and the residents. She stated that Staff C has worked at the facility for about one year.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **NINI'S TLC CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **5118 EL DORADO DRIVE** **TAMPA, FL 33615**	

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 ensure that Staff C who was observed cleaning residents' and entering the facility unclothed resident completed a level II background screening.

Findings included:

While conducting a facility tour on at 07:15 a.m., Staff C, who was observed cleaning residents', walked into the unclothed Resident #1 and Staff A. Staff C stated that she helps Staff A, with her duties to include cleaning and taking care of residents.

On at 07:24 a.m., the facility owner stated that Staff C helps Staff A at night. The owner confirmed that Staff C does not have a level II background screening.

Review of Agency for Health Care Clearinghouse on , revealed that Staff C was not included on the Employee Roster for the facility. An attempted record review on revealed no employee file or proof of Level II background screen at the facility for Staff C.

Unclassified