STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967473	**01/02/2018**
NAME OF PROVIDER OR SUPPLIER **SILVER LAKE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3211 W SITKA STREET** **TAMPA, FL 33614**	

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

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

Based on record review and interview the facility failed to maintain an updated employee roster in the Agency background-screening clearinghouse for one (Staff A) of thre facility employees who worked at the facility by herself providing care to residents.

Findings included:

Upon entry at the faciliy on at 06:25 a.m., Staff A stated that she worked the night shift alone, and that she had worked at the facility for about two months.

Review of the AHCA Background Screening Clearinghouse Agency website revealed that Staff A was not listed on the employee roster for the facility.

During interview with the Administrator, on at 07:28 a.m., he stated he would have to look into why she was not included on the facility's employee roster.

During interview with the Administrator, on at 11:23 a.m., he stated that Staff A told him that she had a Level II Background Screen done, and confirmed that they were not able to find Staff A listed in the AHCA Background Screening Clearinghouse to verify if Staff A had a background screening.

Unclassified

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

Based on record review and interview, the facility failed to ensure that a level II background screen was completed for one (Staff A) employee who was observed working alone in the facility with access to and providing care to residents.

Findings included:

Upon entry to the facility on at 06:25 a.m., Staff A stated that she worked the night shift alone, and that she had worked at the facility for about two months.

Review of the AHCA Background Screening Clearinghouse Agency website revealed that Staff A was not listed on the employee roster for the provider. Further search, using the provided social security number, revealed no evidence that Staff A had a Level II background screening.

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During interview with the Administrator on at 11:23 a.m., he stated that Staff A told him that she had the level II background screen done, and confirmed that the facility was not able to find Staff A on the provider end of the AHCA Background Screening Clearinghouse to verify if Staff A had a background screening.

UNCLASSIFIED

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation, interview and record review, the facility failed to comply with their licensed capacity of six. Specifically, ten residents resided at the facility and received 24-hour assisted living services while the facility was licensed for a capacity of six residents.

Findings included:

A review of the facility's license (#AL11512), effective from to , revealed that the facility was licensed for six private pay resident beds.

Upon facility entry, on at 06:25 a.m., Staff A stated that the facility has nine residents who live at and sleep at the facility. Staff B, who was also present, stated that the facility has ten residents that live at the facility.

A facility tour, conducted with Staff A, on beginning at 6:30 AM, revealed that there were nine residents sleeping at the facility and one resident observed eating breakfast.

Review of the facility's Admission Discharge Log revealed that five residents were listed as residing at the facility for assisted living services. Further review revealed that Resident #3 was listed as a daycare resident.

During interview with the Interim Administrator, on at 06:58 a.m., she confirmed that the facility housed and provided services for ten residents. She identified six residents (#1, #2, #3, #4 and #6) as permanent residents, and four residents (#7, #8, #9, and #10) as Adult Day Care residents, whose families were out of town or country for the holidays. She confirmed that all ten residents have been at the facility for at least six days.

During interview with the Administrator, on at 07:28 a.m., he stated that the facility had six residents and some day care residents. He confirmed that the day care residents were sleeping at the facility because their families were out of town.

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During interview with Resident #7, on at 08:20 a.m., he stated that he has lived at the facility for seven to ten consecutive days while his family was out of country. Resident #7 had his own a bed, closet space with clothing, a dresser with clothing, and family picture on the wall.

During interview with Resident #9, on at 08:28 a.m., he stated that he has lived and slept at the facility for nearly one year. Resident #9 stated that he shared a Resident #8. Resident #9 had a designated , bed, and storage space for clothing, which he shared with Resident #8.

During interview with Resident #8, on at 08:50 a.m., he stated that he is usually at the facility during the day, but since his family was out of the country, he has slept at the facility for four or five days. He confirmed that he received assistance with medications.

During attempted interview with Resident #10, on at 09:04 a.m., she indicated she has only been at the facility for two days and she was able to identify which slept in (observed during tour).

During interview with the Interim Administrator on at 09:25 a.m., she stated that Resident #10 had slept at the facility for about five days.

Unclassified

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0000 - Initial Comments

Assisted Living Facility

An unannounced complaint survey, (CCR# 2017013393), was conducted on at Silver Lakes ALF, Inc., an Assisted Living Facility, located in Tampa, Florida. There were deficiencies identified during the survey.

(License # 11512)

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

Based on record review and interview, the facility failed to ensure that a face-to-face medical examination by a health care provider was completed and documented within 30 days of admission for one (#8) resident; and failed to ensure that the resident health assessment included the date of examination, and the level of assistance required with medication for one (#9) of nine residents who resided at and received 24-hour services at the facility.

Findings included:

Review of the Admission Discharge Log revealed that Resident #8 was admitted on . Record review revealed no documentation of a face-to-face health assessment in Resident #8's record.

Review of Resident #9's health assessment (AHCA Form 1823) revealed that there was no date of examination on the form, and that the assessment did not indicate the level of assistance that Resident #9 required with medications.

During interview with the Interim Administrator, on at 11:23 a.m., she confirmed that she could not find a health assessment for Resident #8, and confirmed that the health assessment for Resident #9 was not dated and did not indicate the level of assistance with medications.

Class III

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

Based on observation and interview, the facility failed to provide a safe living environment, including the

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safe transfer of residents to two of ten sampled residents (Residents #4 and #8). Unlicensed staff used a to transfer Residents #4 and #8 on multiple occasions.

Findings included:

During a tour of the facility on beginning at 6:30 AM, a was observed on the facility's lanai.

On at 7:05 AM, during an interview with Resident #8, Resident #8 stated that facility staff used the "many times" to lift him and transfer him. During continued interview on that same date at 8:50 AM, Resident #8 stated that Staff A and Staff B used the lift to help move him.

During an interview on that same date at 9:25 AM, the Interim Administrator stated that she used the lift once to move Resident #8 and "he ." She further stated that the originally belonged to a former resident of the facility who was now .

During an interview with Resident #4 on beginning at 9:48 AM, Resident #4 stated that facility staff help use "a machine" to get her out of bed. On that same date at 9:57 AM, when Resident #4 was shown the , Resident #4 confirmed that was the machine the facility used to get her out of bed.

During an interview with the Interim Administrator on at 10:00 AM, the Interim Administrator said that staff should not be using the to transfer residents and again confirmed that the lift belonged to a former resident of the facility who was on hospice.

Class III

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

Based on interview and record review, the facility failed to designate a staff member in writing to be in charge of facility during Administrator's absence that exceeded 48 hours, and failed to maintain a written work schedule that accurately reflected the direct care staffing pattern.

Findings included:

Upon entry, on at 06:25 a.m., it was revealed that Staff A, who worked night shift by herself, was about to change shifts with Staff B.

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Review of the facility staffing schedule revealed that Staff A was not listed on the direct care staffing schedule. Further review revealed that the Administrator and Staff C were scheduled for 40 hours each and the schedule reflected that the Administrator and Staff C were scheduled to work on the date of the survey.

During interview with the Interim Administrator, on at 06:58 a.m., she stated that the Administrator and owner were out of town since , and that she did not think that there was anything in writing appointing her in charge during the absence of the Administrator. The Interim Administrator confirmed that Staff A was not listed on the schedule, and that Administrator and Staff C were out of state since . She confirmed that the posted schedule was not accurate.
The Administrator was interviewed by telephone on at 7:00 AM. He confirmed that he has been gone from the facility since .
There was no evidence of management appointment by the administrator during his absence and no documentation was provided by the completion of the survey.

Class III

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

Based on record review and interview, the facility failed to maintain an up-to-date admission and discharge log recording the admission and the discharge date, the reason for discharge, and where the resident was discharged for two (#5 and #6) of six resident who resided at the facility.

Findings included:

Facility tour, conducted on revealed that there were 10 residents sleeping at the facility.

Review of the facility's admission discharge log revealed that seven residents were listed as residing at the facility for assisted living services. Further review revealed that assisted living residents Resident #5 and Resident #6 were not listed on the admission discharge log.

On at 07:56 a.m., the interim administrator, reviewed the admission discharge log and confirmed that current residents, Resident #5 and Resident #6 were not included on the admission discharge log. She confirms that the log was not accurate.

Class III

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

Based on interview and record review, the administrator of the facility failed to maintain personnel records for one employee (Staff A), which contained at a minimum a copy of the employment application, with references furnished, documentation verifying freedom from signs or symptoms of a communicable and documentation of compliance with staff training.

Finding included:

Upon entry, on at 06:25 a.m., Staff A stated that she worked the night shift alone, and that she had worked at the facility for about two months.

Record review of Staff A's personnel file revealed that the facility only had a copy of Staff A's license, social security card, and and First Aid training and , , ( ) training at the facility. The Interim Administrator was not able to locate any other documentation for Staff A.

During interview with the Administrator, on at 11:23 a.m., he stated that, he did not know why her documentation was not there, and that it should have been at the facility.

Class III