STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943141	**01/10/2018**
NAME OF PROVIDER OR SUPPLIER **ELZAIDA'S TENDER CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **804 SOUTH BELCHER ROAD** **CLEARWATER, FL 33764**	

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 up-to-date Background Screening Clearinghouse employee roster for 3 (Administrator, Staff A & Staff B) of 3 employees selected for record review.

Findings included:

Employee record review on revealed that the Administrator was not listed on the Background Screening Clearinghouse employee roster. Further review of Administrator's record revealed that she was hired at the facility on .

Employee record review on revealed Direct Care Staff A was hired on and Staff B was hired on . Neither Staff A nor Staff B were listed on the Background screening Clearinghouse employee roster.

Also the old administrator who no longer worked at the facility was still listed as working there on the Clearinghouse employee roster.

The Administrator started on at 1:00 pm she started working at the facility on and she does not have the access to add herself and the other two employees. She also stated all three employees were working at the facility.

Unclassified

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0000 - Initial Comments

ASSISTED LIVING FACILITY

On , 2018, a biennial re-licensure survey in conjunction with a complaint survey (CCR#2017015639) was conducted at Elzaidia's Tender Care. Deficient practice was identified during the surveys.

License: 7280

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview, the facility failed to post an activities calendar with scheduled activities available at least 6 days a week for a total of not less than 12 hours per week.

Findings included:

During the tour of the facility conducted on beginning at 8:00 am, it was observed that the facility's , 2018 activities calendar was not posted anywhere in the facility. There were no activities listed for the month of , 2018.

An interview was conducted with Staff A at 9:00 am on concerning the activities calendar not being posted for , 2018 and the lack of observations of activities in the facility. Staff A stated that it was a challenge and that residents tended not to participate. There was no observation of activities during the course of the survey from 8:00 am through exiting from the facility at 2:00 pm.

When interviewed on between 8:30 am and 1:30 pm. seven residents stated there were no activities. If they wanted activities, they could do the activity by themselves.

Class III

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

Based on record reviews and interview, the facility failed to ensure that 2 (#A & #B) of 3 direct care staff were free from communicable within 30 days of being hired at the facility and Staff B did not have documentation which stated a negative examination had been completed.

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

Findings included:

Record review on of the personnel file for Staff #A revealed she was hired on and there was no documentation indicating she was free from communicable statement was not in her file.

Record review on of the personnel file for Staff #B revealed she was hired on and the free from communicable statement was not in her file. Also the documented negative test was not in her file.

When interviewed on at 12:00 p.m., the administrator verified the free from communicable statements for both staff #A and staff #B were not in their personnel files and Staff B did not have a document stating she had had a negative test.

Class III

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

Based on interview and record review, the facility failed to maintain the minimum staffing levels required for their census of 8 residents.

Findings included:

During an interview conducted on at 8:30 am with Staff A, she provided a written census of the facility and confirmed the facility had 8 residents in house. The required minimum staffing hours for 8 residents is 212.

Staff A stated she was the only direct care staff at the facility. She lived there and was available 24 hours a day. This gave the facility 168 staffing hours for 8 residents. The facility did not meet the minimum staffing hours requirement of 212.

The sampled residents who were interviewed on between 8:30 am and 1:30 pm stated Staff A was the only one who did direct care. They stated there was a housekeeper but she only did the cleaning.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **ELZAIDA'S TENDER CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **804 SOUTH BELCHER ROAD** **CLEARWATER, FL 33764**	

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

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

Based on record review and interview, the facility failed to produce documentation showing 1 (Staff A) of 1 direct care staff who provide direct care to residents received a minimum of 1 hour in-service within 30 days of employment in the following subjects: reporting major incidents, reporting adverse incidents, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, resident rights in an assisted living facility, recognizing and reporting resident , neglect and , , and the facility's elopement response policies and procedures. The facility also failed to provide documentation of 3 hours of in-service training within 30 days of employment that covers the following subjects: Resident behavior and needs and providing assistance with the activities of daily living.

Findings included:

Record review on of the personnel files for Direct Care Staff A revealed she was hired on . There was no documentation in her file showing she had received 3 hours of in-service training within 30 days of employment that covers the following subjects: resident behavior and needs and providing assistance with the activities of daily living. There was no documentation in her file showing she had received a minimum of 1-hour-in-service training within 30 days of employment that covers the following subjects: reporting major incidents, reporting adverse incidents, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, resident rights in an assisted living facility, recognizing and reporting resident , neglect and , and the facility's elopement response policies and procedures.

During an interview with the Direct Care Staff A on at 8:40 am, she confirmed she was the only direct care staff working at the facility and all of the stated documentation was not in her file.

Staff A was observed on between 11:30 am and 12:30 pm to be assisting residents and serving food during meal times.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review, observation and interview, the facility failed to provide annually a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for 1 (Staff A) of 1 direct care staff who was sampled for medication training.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

Record review on revealed Direct Care Staff A had successfully completed the initial 4 hour medication training on . Staff A did not complete a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility by .
This training must be completed annually.

When interviewed on at 8:45 am, Staff A verified that she had not completed annually a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Staff A was observed on between 11:30 am and 12:30 pm to be assisting residents with medication and serving food during meal times.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that 1 (Staff A) of 1 direct care staff received at least one hour of training on the facility's policies and procedures regarding ( ) within 30 days after employment.

Findings included:

Record review of Staff A's personnel file on revealed there was no evidence of training on the facility's policies and procedures regarding ( ). Staff A was hired on and had 30 days after employment to receive the training.

When interviewed on at 8:50 am, Staff A stated the documentation revealing she had completed the training was not in her file. She stated she took it a long time ago and she does not know what happened to the certificate.

Class III