STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969098	**01/18/2018**
NAME OF PROVIDER OR SUPPLIER **NUEVO AMANECER TAMPA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7405 ARIPEKA DR** **TAMPA, FL 33619**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced complaint survey, (CCR# 2017013085), was conducted on at Nuevo Amanecer Tampa, (License # 13034), an Assisted Living Facility, located in Tampa, Florida. There were deficiencies identified during the survey.

(License # 13034)

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 one (Resident #2) of one resident's medical examination by a health care provider accurately reflected the level of assistance needed for medication assistance.

Findings included:

Review of health assessment (AHCA Recommended Form 1823), dated , for Resident #2 indicated that resident need medication administration.

During interview with the Owner, on at 01:57 p.m., she confirmed that the health assessment indicated Resident #2 Needs Medication Administration. She confirmed that she did not review the 1823, and stated that it is not accurate.

During observation of assistance with self-administration of medication, on at 01:57 p.m., Resident #2 was able to self-administer medication.

Class III

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

Based on record review and interview, the facility failed to ensure the Agency was notified of a change of Administrator.

Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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Review of the Facility page on FloridaHealthFinder.gov, and the Agency for Health Care Administration Clearinghouse Employee Roster on , revealed that the Owner's name was listed as the Administrator on record.

On at 10:49 a.m., the Owner stated that the person identified as the Administrator (a different individual) should be the Administrator of record. The Owner called their Consultant, and the Receptionist for the Consultant stated that due to language barrier and , the Consultant did not update records to reflect the current Administrator.

Class III

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

Based on observation, interview and record review, the facility failed to ensure that one (Owner) of one unlicensed staff who provided assistance with self-administered medications completed training that was provided by a registered nurse or licensed pharmacist.

Findings included:

Record review revealed that the Owner was the only staff to document on the Medication Observation Log for Resident #2 for the month of .

Record review revealed that the Owner completed a four-hour of training in Medication Management, by her Consultant who was not a registered nurse or a Pharmacist, on 6-8, 2016.

On at 01:47 p.m., The Owner called their Consultant, and the Receptionist for the Consultant confirmed that the Consultant instructor of the medication management course was not a registered nurse or licensed pharmacist.

On at 01:57 p.m., the Owner was observed assisting Resident #2 with self-administration of medication.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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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 employee (Administrator) of two employees selected for record review.

Findings included:

Review of the AHCA Background Screening Clearinghouse Agency website revealed that the Administrator was not listed on the employee roster for the provider.

On at 10:49 a.m., The Owner confirmed that the Administrator was not listed on the Employee Roster.

Unclassified