STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	**02/05/2018**
NAME OF PROVIDER OR SUPPLIER **TYRONE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2192 74TH STREET, NORTH** **SAINT PETERSBURG, FL 33710**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On , , 2018, a biennial re-licensure survey was conducted at Tyrone Manor assisted living facility. Deficient practice was identified during the survey.

License# 7309

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

Based on interview and record review, the facility failed to provide evidence of a negative examination documented on an annual basis (examination) for 1(Administrator) of 3 direct care staff reviewed for results.

Findings included:

A review of staff personnel records conducted on showed the Administrator was hired on . A review of the Administrator's personnel record showed no proof of a examination since , 2013.

The Administrator was interviewed at 2:00 pm on concerning the lack of proof of a examination in her record. The Administrator reviewed her record and acknowledged there was no proof of an annual examination.

Class III

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 #B) of 3 direct care staff had received in-service training regarding the facility's resident elopement response policies and procedures and training regarding the Facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation within thirty (30) days of employment.

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Findings included:

Record review on of the personnel file for Staff #B revealed she was hired on and there was no documentation in her file showing she had received in-service training regarding the facility's resident elopement response policies and procedures and training regarding the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation within thirty (30) days of employment.

When interviewed on at 1:50 p.m., the administrator verified there was no documentation in Staff #B's personnel files showing she they had received in-service training regarding the facility's resident elopement response policies and procedures and training regarding the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation within 30 days of employment.

Class III

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

Based on observation, record review and interview, the facility failed to provide 1 (Staff A) of 3 direct care staff who assist with medications, the four hour medication required training prior to assuming the responsibility of assisting with medications.

Based on record review and interview, the facility failed to provide 1 (administrator) of 3 direct care staff who had successfully completed the initial 4 hour medication training a minimum of 2 hours of continuing education training annually on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Findings included:

Staff A was observed on assisting with medications for the noon medication pass for Resident #1, Resident #4 and Resident #5.

Staff A's personnel record was reviewed on and her date of hire was and her file was found to have no documentation stating Staff A had the initial 4 hour training on assisting with medication training which must be completed before assisting with medications.

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The administrator's personnel file was reviewed on and her date of hire was she had completed her initial 4 hours of assistance with medication training in 2013 and again on , 2015. Since that time there has been no 2 hours of continuing medication education completed annually.

Staff A and the administrator stated on at 12:30 pm that the documentation for the initial 4 hour medication training was not in Staff A's file and the administrator did not have the 2 hour continuing medication education training done annually.

Class III

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

Based on record review and interview, the facility failed to ensure that 1 (Staff B) of 3 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 B's personnel file on revealed there was no evidence of training on the facility's policies and procedures regarding ( ). Staff B was hired on and had 30 days after employment to receive the training.

When interviewed on at 1:38 pm, the administrator verified Staff B did not not have the DRNO training done within 30 days of hire.

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 up-to-date Background Screening Clearinghouse Employee Roster for 1 (Staff A) of three staff selected for record review.

Findings included:

Record review on revealed that Staff A had a documented hiring date of and was working as direct care staff at the facility.

Review of Agency for Health Care Administration Clearinghouse Employee Roster on revealed Staff A who was currently on the staffing schedule and working at the facility was not included on the Clearinghouse Roster for the facility.

When interviewed on at 1:50 pm, the administrator stated Staff A was currently employed at the facility as direct care staff and did not realize she had not been added to the Clearinghouse Employee Roster.

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 1 (Staff A) of 3 staff who provided direct care to the residents had a level II background screening.

Findings included:

Review of Agency for Health Care Administration Clearinghouse Employee Roster on revealed that Staff A was not included on the Employee Roster for the facility. Further search of staff on the Agency for Health Care Administration Background Screening website revealed that Staff A did have a Level II background screening which stated she was not eligible for work in a health care facility.

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When interviewed on at 1:50 pm, the administrator confirmed that Staff A is a direct care staff that has worked at the facility since . The Administrator confirmed that she did not initiate a level II background clearance or checked to see if Staff A had a level II background clearance prior to employment.

Unclassified