STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968956	**02/16/2018**
NAME OF PROVIDER OR SUPPLIER **HOME CARE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1906 BELHAVEN DR** **ORANGE PARK, FL 32065**	

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

0000 - Initial Comments

An unannounced biennial relicensure survey was conducted on [redacted] at Home Care Assisted Living (Lic # 12803). The facility had deficiencies at the time of the survey.

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

Based on record review and interview, the facility failed to ensure 3 of 3 employees obtained the health statements needed for employment (Administrator and Employees B and C).

The findings include:

During a record review on [redacted], the files of the Administrator, Employee B, and Employee C were reviewed.

None of the files reviewed contained a statement from a healthcare provider that the employee was free of signs and symptoms of communicable [redacted].

In addition, the Administrator did not have documentation of being free of [redacted] in 2017; the last recording was from 2016.

These findings were confirmed in an interview with the Administrator at 10:20 AM on [redacted].

Class III

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

Based on observation, interview, and record review, the facility failed to maintain comprehensive facility records, evidenced by missing training and background screening documentation for 2 of 3 employee records reviewed (Employees B and C).

The findings include:

1. At 9:50 AM on [redacted], the Administrator was asked if she added all the employees to the facility's Background Screening (BGS) Clearinghouse. She explained she did for everyone but Employee B, because when she attempted to add him she got an error message.

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She pulled up the website on the computer and showed everyone but Employee B. Employee B's personnel file was reviewed and the background screening did not show as eligible. In its place it was written "Agency Review Required". The Agency's BGS website the Administrator was on mirrored this; the facility did not finish the process and follow the "Agency Review Required" actions the website was directing.

In the presence of the surveyor, the Administrator followed the steps to finish Employee B's screening which then showed him as eligible. She was observed printing this for Employee B's file.

A further review of the employee file for Employee B showed he did not have evidence of a 2 hour update for medication training in 2017. The last training in his file for medication assistance was in 2016. In an interview with Employee B and the Administrator at 10:28 AM on , Employee B stated he did the training and he believed the documentation was at his house.

At 12:00 PM on , Employee B was observed assisting with the lunch time medication pass. He was observed assisting Resident #1 and Resident # 7 with self- administration of medications.

2. Employee C was interviewed at 9:22 AM on . She explained she primarily worked the overnight shift, and was left in sole charge of the residents since the facility only staffed 1 person while the residents were sleeping. She was asked if she had training, and she confirmed she had this certification. She also said she was current in her trainings for medication self-administration.

Employee C's file contained a First Aid/ card that expired in 2017. The Administrator was asked at 10:32 AM on and she said she believed Employee C was current in her certifications. She was observed calling Employee C for verification at 10:56 AM on .

On , the Administrator produced a text message from Employee C which contained an image of Employee C's certification, which did not expire until 2019. She stated Employee C forgot to place a copy of this in her file.

Employee C's file did not contain any current medication training. The last evidence of the annual training was done in 2016. Nothing in the file on the day of the survey showed she took a 2 hour training in Medication Self- Administration in 2017.

The lack training evidence was confirmed by the Administrator at 1:00 PM on .

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Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on record review and interview, the facility failed to include a 30 day provision for rate increases in 2 of 2 contracts reviewed (Residents #4 and #5).

The findings include:

During a record review of Resident #4's file on , the contract was reviewed. There was no information in the contract that gave the signer a 30 day notice prior to increasing the rate. The contract for Resident #5 was also missing this information.

During an interview with the Administrator at 1:15 PM on , she confirmed the contract did not contain the 30 day provision for rate increases.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on observation, interview, and record review, the facility failed to ensure 1 of 3 employees reviewed (Employee C) was rescreened following a break in service requiring level II background screening.

The Findings Include:

During an observation on at 8:33 AM, Employee C was observed in a with Resident #5.

In an interview with Employee C at 9:22 AM on , she confirmed she works as a caregiver on the overnight shift, and her shift was just ending.

A review of the employee file for Employee C showed she had a background screening which had an eligibility date of . Her hire date at the facility was listed as .

The application for Employee C did not show continual employment in positions that required level II background screening between the time she was hired and the time of her background screening.

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The Administrator was asked on at 10:07 AM if Employee C had continual employment between these dates and she confirmed there was a lapse of greater than 90 days between employers who required a level II screening, and a new screening was not conducted when she was hired at the facility.

Unclassified