STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967799	**02/02/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA LA ESPERANZA II LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6021 WEST PARIS STREET** **TAMPA, FL 33634**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced, biennial, re-licensure survey was conducted in conjunction with complaint survey, (CCR# 2017013824), on , at Villa La Esperanza II (License #11788), an Assisted Living Facility located in Tampa, Florida. There were deficiencies identified during visit.

(License # 11788)

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

Based on interview and record review, the facility failed to have documentation of a face-to-face assessment by a health care provider (AHCA recommended form 1823) that accurately reflected the level of assistance needed for medications for two (#3 and #4) residents; and failed to ensure that the health assessment had a completion date for one (#9) Resident of nine residents that received 24-hour assisted living services in the facility.

Findings included:

Review of health assessment (AHCA Recommended Form 1823), dated , for Resident #3 indicated that the resident need medication administration.

Review of health assessment (AHCA Recommended Form 1823), dated , for Resident #4 indicated that the resident need medication administration.

Review of health assessment (AHCA Recommended Form 1823), for Resident #9 revealed that the assessment did not have a completion date. .

During interview with the Manager on at 10:49 a.m., she reviewed and confirmed that the health assessments for Resident #3 and Resident #4 indicates that the residents required medication administration, and the health assessment for Resident #9 was not dated. The Manager stated that the assessments were not accurate and that Resident #3 and #4 requires assistance with self-administration of medication.

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Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and staff interview, the facility failed to ensure staff trained in assistance with self-administration of medications read the label of the medications to the residents for 1 (Resident #1) of 3 residents observed and did not wash her hands or use hand sanitizer before and after assisting residents with their medications for 3 (Residents #1, #3, #5) of 3 residents observed.

The findings included:

On . . . . . beginning at 9:15 a.m., the Manager was observed assisting Residents #1, #3, and #5 with self-administration of medication. The manager did not read the labels to Resident #1 and did not wash her hands or use hand sanitizer before or after assisting them with their medications.

On . . . . . at 9:40 a.m. the Manager stated, " I'm gonna get cited for it."

Class III

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

Based on interview and record review, the facility failed to (1) designate a staff member in writing to be in charge of facility during Administrator's absence that exceeded 48 hours; and, (2) failed to maintain a written work schedule that accurately reflected the direct care-staffing pattern.

Findings included:

Reviewed facility staffing schedule from to , conducted on , revealed that Staff C was listed on the schedule for Mondays through Fridays at 11:00 p.m. to 07:00 a.m.; and the Administrator was on the schedule for Saturdays and Sundays from 07:00 a.m. to 07:00 p.m.

During interview with Staff A, on at 09:55 a.m., she stated that she lived at the facility and worked the night shift. She stated that Staff C does not work at the facility.

During interview with Resident #6, on at 11:16 a.m., resident stated Staff B was the only male that works at the facility. Resident #6 did not know who the Administrator was and believed that the

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Manager was the Administrator.

During interview with Resident #9, on at 11:22 a.m., resident stated that she did not believe that any other male worked at the facility, and the only the Manager, Staff A and Staff B worked at the facility. Resident #9 did not know who the Administrator was when the name was mentioned.

During interview with Resident #4, on at 11:25 a.m., resident stated that the only female staff are the Manager and Staff B. No male other that Staff B worked at the facility. Resident did not recognize the Administrator or Staff C by name.

During interview with Resident #3, on at 11:28 a.m. resident stated that only the three staff worked at the facility, the Manager, Staff A and Staff B. Resident #3 did not recognize the Administrator or Staff C by name.

During interview with Resident #5, on at 11:32 a.m., resident stated, the facility has no male staff and identified Staff B as the person who fixes thing at the facility. Resident #5 did not recognize the Administrator or Staff C by name.

During interview with the Manager, on at 12:12 p.m., she stated that Staff C does not work at the facility, He was only as needed and confirmed that Staff C has not worked at the facility for about three weeks. Manager stated that shifts were covered by Staff A and the Manager. The Administrator only works on the weekends. The Manager reviewed the schedule and confirmed that Administrator is on the schedule for the weekends and does not work during the weekdays. The Manager confirmed that there was no documentation appointing her as the Manager in the absence of the Administrator that exceeded 48 hours.

During interview with Staff C, on at 01:22 p.m. he stated that he has not worked at the facility for three weeks. He stated that he no longer works at the facility. He stated that he did not work night shift full time from Monday-Friday as indicated on the facility's direct care staffing schedule.

Class III

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

Based on record review and staff interview, the facility failed to provide all required training certificates for two (Manager and Staff A) out of 3 staff personnel files reviewed.

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The findings included:

On , a review of the Manager and Staff A's employee files revealed there were no Emergency Procedures training certificates in their files.

On at 01:30 p.m., the Manager stated, "They were in here at the last inspection."

Class III

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

Based on record review and staff interview, the facility failed to provide all required training certificates for two (Manager and Staff A) of three staff personnel files reviewed.

The findings included:

On , a review of 3 staff personnel files revealed there were no 2 Hour Annual Update Certificates for Assistance with Self-Administered Medication training, in the Manager or Staff A's personnel files.

On at 01:30 p.m., the Manager stated, "I know."

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to ensure that facility menus were reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule.

Findings included:

Review of the facility scheduled for meals, on revealed that facility menu on display for the residents and original menu, maintained by the facility, was reviewed and validated from through .

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During interview with the Manager, conducted on at 04:35pm, she confirmed that the facility menu, reviewed by the registered dietitian, was dated through , and confirmed that the menu was past the expiration date and was not reviewed on an annual bases.

Class III

0123 - Fiscal - Resident Trust Funds - 429.27(3-4) FS; 58A-5.021(2) FAC

Based on interview and record review, the facility failed to maintain money belonging to, or used for residents separate from the Facility's finance account; and failed to furnish an accurate records of monies provided to or spent on behalf of one (#9) of nine residents that received 24-hour assisted living services.

Findings included:

During interview with Resident #9, on at 07:57 a.m., resident indicated that she did not know who managed the finances or pays the bills for residency at the facility.

Record review for Resident #9 revealed no indication that the Facility staff maintained and managed her finances for her.

During interview with the Manager, at 01:12 p.m., she stated that she is the legal representative for Resident #9. The Manager stated that the insurance provider sends a check by mail, the money is deposited in the facility account and the Manager does the shopping for Resident #9. That manager confirmed that she does not track or maintain documentation for and transaction made with the money belonging to Resident #9, other than the facility bank statement.

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, or any log for three (#2, #6 and #8) of nine resident who received 24-hour services at the facility.

Findings included:

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Review of Admission discharge revealed that Resident #2, Resident #6 and Resident #8, who received 24-hours services at the facility and were observed sleeping at the facility at the start of the survey, were not listed on the Admission discharge log.

During interview with the Manager, on at 09:05 a.m., she stated that she was not aware that she had to include or create an Admission discharge log for residents she considered adult day care residents. She confirmed that Resident #2, Resident #6 and Resident #8 were not listed on the Admission discharge log

Class III

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

Based on record review and staff interview the facility failed to ensure all required documents were found in the employee files for one (Manager) employee, and failed to maintain any personnel records for one (Staff B), of four staff selected for records reviewed.

The findings included:

On , a review of the Manager's personnel file revealed there was no Background Screen in the file.

Review of the Agency for Health Care Administration Background Screen website revealed the Manager had received a background screening on .

Record review, conducted on , revealed no evidence of documentation for Staff B.

During interview with Staff B, on at 11:37 a.m., staff confirmed that he performed maintenance work at the facility, picked up supplies and food when purchased, sets plates for residents prior to meals, and assisted Resident #7 with positioning during episode. Staff B confirmed that he was listed at the emergency point of contact for the assisted living residents, as resident caregiver, because he spoke English.

On at 1:30 p.m., the Manager confirmed that there was no documentation of her level II background screening.

During interview with the Manager, on at 02:50 p.m., she confirmed that Staff B did not have

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the required Level II background screening. The Manager confirmed that Staff B does maintenance work; he picked up food for the residents during the survey, and assisted Resident #7 with positioning while having a . Manger also confirmed that Staff B was listed as "Resident Care Giver" on assisted living residents' demographic sheets. Manager confirmed that there was no records for Staff B

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to produce and maintain any records for three (#2, #6 and #8) of nine residents who slept and received 24-hour assisted living services.

Findings included:

Record review on revealed no evidence of records for Resident #2 or Resident #6. Review of a Referral Form from another agency, dated revealed that Resident #6 was an emergency placement on that date.

During interview with the Manager, conducted on at 06:18 a.m., she confirmed that Resident #6 was an emergency placement that resided at the facility since .

On at 08:41 a.m. the Manager provided a Demographic sheet for Resident #8 and confirmed that there was no other records for Resident #8, Resident #6 and Resident #2.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility failed to submit an Certified Emergency Management Plan (CEMP) to the local emergency management agency for review and approval.

Findings included:

Record review, conducted on , revealed that the Facility's CEMP was approved by the local emergency management agency on . Staff C was listed as the Administrator.

During interview with the Manager, on at12:53 p.m., she confirmed that CEMP was last

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approved on and that Staff C was listed as the point of contact and administrator for the facility. The Manager stated that the current Administrator was supposed to supposed to submit and update the CEMP to reflect the current Administrator.

During interview with Senior Program Coordinator of the local Office of Emergency Management, on at 03:33 p.m., he confirmed d the last CEMP approval was in 2013.

Class III

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-screening was completed for one (Staff B) employee who performed maintenance service and assisted with meal set up in resident living areas, assisted with resident positioning and care, and was listed as resident care giver on facility's records.

Findings included:

Upon facility entry, on at 05:58 a.m., Staff B stated that he was at the facility to fix one of the .

Review, on of facility and resident records, revealed Staff B was identified as a "Resident Care Giver" and as the secondary emergency point of contact on residents' demographic sheet for assisted living residents.

Review of the AHCA Background Screening Clearinghouse Agency website revealed that Staff B was not listed on the employee roster for the provider. Further search, using the provided name and social security number, revealed that Staff B did not have a Level II background screening.

During interview with Resident #6, on at 11:16 a.m., resident stated that Staff B in cooking. Resident stated that Staff B assisted his and called 911 during a episode.

During interview with Resident #9, on at 11:22 a.m., resident stated that Staff B worked at the facility.

During interview with Resident #4, on at 11:25 a.m., resident stated that Staff B performed maintenance work at the facility.

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During interview with Resident #3, on [redacted] at 11:28 a.m. resident stated that Staff B does maintenance work and assisted him with getting to the [redacted].

During interview with Resident #5, on [redacted] at 11:32 a.m., resident stated, the facility has no male staff and identified Staff B as the person who fixes thing at the facility.

During interview with Staff B, on [redacted] at 11:37 a.m., staff confirmed that he has not completed a Level II background screening. Staff B stated that he did assist Resident #7 with positioning and called 911 during a [redacted] episode. Staff B confirmed that he performed maintenance work at the facility, picked up supplies and food when purchased, and sets plates for residents prior to meals. Staff B confirmed that he was listed at the emergency point of contact for the assisted living residents, as resident caregiver, because he spoke English.

During interview with the Manager, on [redacted] at 02:50 p.m., she confirmed that Staff B did not have the required Level II background screening. The Manager confirmed that Staff B does maintenance work; he picked up food for the residents during the survey, and assisted Resident #7 with positioning while having a [redacted]. Manger also confirmed that Staff B was listed as "Resident Care Giver" on assisted living residents' demographic sheets.

Unclassified