STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922155	02/28/2018
NAME OF PROVIDER OR SUPPLIER **BELLE VISTA BLUFFS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1138 ROSEMARY DRIVE** **LARGO, FL 33770**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, record review, and interview, the facility failed to maintain the employment status of all employees within the Background Screening Clearinghouse, including initial employment status and any changes in status within 10 business days, for 4 of 5 facility employees providing resident care services for a current census of 9 residents.

Findings included:

Per observation, record reviews, and interviews conducted at the facility on , Staff A & Staff C currently provide resident care services at the facility. Per interview on at 9:30am, Staff A stated she works 4 days per week from 6am-10pm and lives in overnight. Per interview with Staff A, Staff C works Friday 1pm-10pm, weekends 6am-10pm, and lives in overnight through 7am Sunday.

Per record review and interview with Staff A, Staff A started employment at the facility on . Per review of the facility's Employee Roster on the AHCA Background Screening site, Staff A is not listed as an employee of the facility.

Per record review, Staff C was initially hired by facility on 11/ , left facility employment for an unspecified amount of time, and was rehired on . Per review of the facility's Employee Roster on the AHCA Background Screening site, Staff C's date of hire is listed as . Staff C's employment status and changes in status are not being maintained within the Background Screening Clearinghouse as required.

Per review of the facility's undated, posted Staff Schedule, Staff A is not listed on the schedule. Staff D & Staff E are listed on the Staff Schedule. Per interview with Staff A, Staff D "quit a long time ago" and Staff E "quit 2 weeks ago." Per review of the facility's Employee Roster on the AHCA Background Screening site, Staff D and Staff E are still listed as employees of the facility.

Unclassed

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0000 - Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on .

The Belle Vista Bluffs, Inc., Assisted Living Facility (License #7888), had deficiencies at the time of this visit.

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

Based on observation, record review, and interview, the facility failed to ensure that all staff (3 of 3 reviewed in facility with 9 residents) had annual documentation of freedom from , and statements from a health care provider documenting not having any signs or symptoms of a communicable including .

Findings included:

Per record reviews conducted at the facility on , 3 of 3 employee records reviewed contained no evidence of annual documentation of freedom from , and no written statement from a health care provider documenting not having any signs or symptoms of a communicable including .

Per interview on at 9:30am, Resident Aide Staff A stated she works 4 days per week from 6am-10pm and lives in overnight. Surveyors observed Staff A providing resident care services throughout the day of visit. Per record review on beginning at 1:00pm, there was no indication of Staff A having had any testing and no written statement from a health care provider documenting that Staff A does not have any signs or symptoms of a communicable .

Per interview on at 11:30am, Resident Aide Staff B stated she works at the facility on weekends; scheduled 9am-5pm on the day of visit, Staff B stated she was working at the other house at the time. Per record review on beginning at 1:00pm, there was no indication of Staff B having had any testing and no written statement from a health care provider documenting that Staff B does not have any signs or symptoms of a communicable .

Per record review and interview with Staff A, Resident Aide Staff C works Friday 1pm-10pm and weekends 6am-10pm and lives in overnight through 7am Sunday. Per record review on

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beginning at 1:00pm, Staff C's last testing was conducted on . There was no indication of annual testing as required and no written statement from a health care provider documenting that Staff C does not have any signs or symptoms of a communicable .

Class III

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

Based on observation, record review, and interview, the facility failed to ensure that all staff (2 of 3) who provide direct care for 9 facility residents receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment, a minimum of 1 hour in-service training within 30 days of employment that covers the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation, and a minimum of 1 hour in-service training within 30 days of employment that covers reporting major and adverse incidents.

Findings included:

Per observation, record reviews, and interviews conducted at the facility on , Staff A, B, and C are the sole resident caregivers on duty during their respective shifts. Per interview on at 9:30am, Resident Aide Staff A stated she works 4 days per week from 6am-10pm and lives in overnight. Per interview on at 11:30am, Resident Aide Staff B stated she works at the facility on weekends. Per interview with Staff A, Resident Aide Staff C works Friday 1pm-10pm, weekends 6am-10pm, and lives in overnight through 7am Sunday.

Employee Record Reviews conducted on beginning at 1:00pm revealed the following:

Staff B's file contained no documentation of training in the facility's emergency preparedness and evacuation policies & procedures and no documentation of training in reporting major and adverse incidents. Staff B started employment on .

Staff C's file contained no documentation of training in the facility's emergency preparedness and evacuation policies & procedures and no documentation of training regarding the facility's resident elopement response policies and procedures. Staff C started employment on .

Class III

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0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observation, record review, and interviews, the facility failed to ensure that a staff member who has completed courses in First Aid and ( ) and holds a currently valid card documenting completion of such courses is in the facility (with 9 current residents) at all times.

Findings included:

Per observation, record reviews, and interviews conducted at the facility on , Staff A, B, and C are the sole resident caregivers on duty during their respective shifts; none of the staff are nurses, certified nursing assistants, or home health aides. Surveyors observed Staff A providing resident care services throughout the day of visit. Per interview on at 9:30am, Resident Aide Staff A stated she works 4 days per week from 6am-10pm and lives in overnight. Per interview on at 11:30am, Resident Aide Staff B stated she works at the facility on weekends. Per interview with Staff A, Resident Aide Staff C works Friday 1pm-10pm, weekends 6am-10pm, and lives in overnight through 7am Sunday.

Employee Record Reviews conducted on beginning at 1:00pm revealed the following:

Staff A's file contained expired certificates for both First Aid and (previously certified 2015- 2017). Staff B's file contained no certificate of training in First Aid.

Per interview on at 3:00pm, Staff A stated she will be taking both First Aid and classes the following Saturday ( ).

Class III

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

Based on observation, record review, and interviews, the facility failed to ensure that 2 of 3 staff who provide assistance with self-administration of medications in a facility with 9 residents have successfully completed the initial 4-hour training on providing assistance with self-administration of medications and safe medication practices in an assisted living facility. The facility also failed to ensure that 3 of 3 staff who provide assistance with medications have completed annual 2-hour updated training as required.

Findings included:

Per observation, record reviews, and interviews conducted at the facility on , Staff A, B, and C

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are the sole resident caregivers on duty during their respective shifts. Per interview on at 9:30am, Resident Aide Staff A stated she works 4 days per week from 6am-10pm and lives in overnight. Staff A stated that all staff are responsible for assisting residents with medication. Staff A stated she provided 8:00am meds on before Surveyors arrived. Staff A was observed providing residents assistance with self-administration of medication on at 12:00pm.

Employee Record Reviews conducted on beginning at 1:00pm revealed the following:

Staff A's file contained no evidence of initial 4-hour training and no evidence of annual 2-hour updated training on providing assistance with self-administration of medications and safe medication practices in an assisted living facility.

Staff B's file contained no evidence of initial 4-hour training and no evidence of annual 2-hour updated training on providing assistance with self-administration of medications and safe medication practices in an assisted living facility.

Staff C's file contained a certificate of initial 4-hour medication training dated and a certificate of annual 2-hour updated medication training dated . There was no evidence of completion of annual updated trainings due in 2016 and 2017.

Per interview on at 3:00pm, Staff A stated she will be taking 4-hour training on providing assistance with self-administration of medications the following Saturday ( ).

Class III

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

Based on observation and interview, the facility failed to ensure that regular and therapeutic menus to be used by the facility, reviewed annually by a licensed dietitian/nutritionist, are served or substitutions noted before or when the alternative meal is served and kept on file in the facility for 6 months.

Findings included:

On at 11:25am, Surveyor requested the facility's approved menu, Staff A was unable to locate a menu, then searched a desk drawer and provided a laminated, approved menu (dietitian-approved for -). Per interview with Staff A on at 11:30am, Staff A stated the facility is not following the menu or documenting what food is provided. Staff A stated she cooks whatever is

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available. On at 11:40am, Surveyor observed a menu posted on a bulletin board in the kitchen and pointed it out to Staff A. Staff A responded: "That must be the one they're using." When asked if she is logging what she serves since she is not following the menu, Staff A stated: "No, I don't think they are - just use what food's available."

On beginning at 12:00pm, Surveyor observed Staff A providing residents lunch not in accordance with the dietitian-approved menu and no substitution log maintained.

Class III

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

Based on record review and interview, the facility failed to ensure that an annual Comprehensive Emergency Management Plan (CEMP) for a facility with 9 residents was submitted to the local emergency management agency for review and approval.

Findings included:

Per record review conducted at the facility on at 2:15pm, records contained the most recent Emergency Management Plan "Certificate of Approval valid through ."

Per interview conducted with the Administrator via telephone on at 2:30pm, the Administrator stated she has Certificate of Approval for both this facility and her other one, stated she does them both at the same time, but could not access at the moment (busy at other facility). Administrator stated she has "emergency power plan approved every , but that's a separate document." Surveyor provided the Administrator contact information for emailing the CEMP; as of , the Administrator has not provided the required current year's Comprehensive Emergency Management Plan (CEMP).

Class III