STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943141	R 05/02/2018
NAME OF PROVIDER OR SUPPLIER **ELZAIDA'S TENDER CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **804 SOUTH BELCHER ROAD** **CLEARWATER, FL 33764**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit was conducted on [redacted] at Elzaida's Tender Care. The deficient practice previously cited was not corrected.

License 7280

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review and interview the facility failed to ensure that one of one staff left in sole charge of the facility residents (Staff A) was trained and qualified to supervise 3 of 3 residents (#1, #2, #3) residing in the facility.

Findings included:

During a revisit on at 8:40 am it was revealed the owner was not at the facility and the only person left in charge to provide supervision and care for the three residents (Staff A) did not have documentation to prove she had the required training.

Interview with staff A on at 9:20 am was conducted. Staff A stated she did not have training available for review.
Staff A stated she did not know if the owner had a file with documentation of required training. Staff A stated that she just comes over to help the owner out when she needs to go to an appointment. Staff A said she did not know where resident files or medications were kept.

On at 1:00pm the owner stated she had a file for staff A with some training but did not have a background screen or current documentation of [redacted] ( ) or First Aid. The owner confirmed that Staff A was not listed in the background screening clearinghouse.

Class III