STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968373	**05/09/2018**
NAME OF PROVIDER OR SUPPLIER **CARMEN'S GOODCARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **908 W YUKON ST** **TAMPA, FL 33604**	

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

0000 - Initial Comments

Assisted Living Facility

A Biennial Survey with Limited Mental Health was conducted at Carmen's Goodcare Assisted Living Facility on . . . . . Carmen's Goodcare Assisted Living Facility had deficient practice identified at the time of the survey.

License: 12261

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

Based on interview and record review, the facility failed to maintain annual required documentation of freedom from . . . . . for 3 (Administrator , Staff A and B) of 3 records reviewed.

Findings Included:

An employee record review was conducted on . It was discovered that the Administrator had no annual documentation of freedom from . . . . . in her file.

An employee record review was conducted on . . . . . . It was discovered that the Staff A had no documentation of freedom from on an annual basis in her personnel file.

An employee record review was conducted on . It was discovered that the Staff B had no documentation of freedom from . . . . . on an annual basis in their file.

An interview with the administrator on . . . . . 11:08 A.M. confirmed that she currently provides daily care and services to residents, however did not have proof of freedom from (examination) within the past year. The administrator confirmed Staff A and Staff B are on the staffing

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968373	**05/09/2018**
NAME OF PROVIDER OR SUPPLIER **CARMEN'S GOODCARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **908 W YUKON ST** **TAMPA, FL 33604**	

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

schedule and provide daily care to residents at the facility.

Class III

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

Based on interview and record review, the facility failed to maintain the required documentation of an annual 2-hour update for assistance with self- administration of medication for 3 (Administrator, Staff A and Staff B) of 3 records reviewed.

Findings Included:

An employee record review was conducted on . It was discovered that the Administrator had no evidence of the required documentation of an annual 2 hour update for assistance with self-administration of medication in her personnel file. The administrator completed the initial 4-hour training on .

An employee record review was conducted on . It was discovered that Staff A had no evidence of the required documentation of an annual 2- hour update for assistance with self-administration of medication in her personnel file. Staff A also completed the initial 4-hour training on .

An employee record review was conducted on . It was discovered that Staff B had no evidence of the required documentation of an annual 2- hour update for assistance with self-administration of medication in their personnel file. Staff B completed the initial 4-hour training on .

There was no documentation of any updates in the files for the Administrator, Staff A or Staff B.

An interview with the administrator on 11:25 A.M. The administrator reviewed employee files surveyor and confirmed findings. The administrator stated, " I missed the deadline."

Class III