| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968041** | **06/19/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**TROY & GREG CORP** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**12260 SW 184TH ST**<br>**MIAMI, FL 33177** | |

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

**Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC**

Based on record review and interview the facility failed to have the attestation form completed for 1 out of 4 (Staff D) Staff.

Findings as follow:

Record review showed the facility did not have the attestation with the background screening form signed by Staff D on file.

On [redacted] the Administrator reported he failed to give the attestation form to Staff D, to be signed.

Class III

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**0000 - Initial Comments**

A monitoring survey was conducted on . . . . . Troy and Greg corp. with limited mental health component (license #12007) had the following deficiencies identified at the time of the survey:

**0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC**

Based on record review and interview the facility failed to completed at least two elopement drills per year.

Findings as follow:

Record review showed the facility last elopement drill was performed on . . . . .

On . . . . . at 2:00 pm the Administrator recognized the facility had not performed any elopement drill since he started as Administrator.

Class III

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

Based on observation, record review, and interview the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period

Findings as follow:

at 8:30 AM observed Staff B working alone in facility.

Record review showed Staff B and C were scheduled to be working from 7:00 AM to 7:00 PM.

On at 1:00 PM the Administrator stated had one staff member was working because Staff C was sick.

Record review found the schedule was not updated.

Class III

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

Based on record review and interview the facility failed to ensure that 1 out of 4 ( Staff D) sampled staff, who provided direct care to residents, received in-service training within 30 days of employment.

Findings as follow:

Record review revealed Staff D starting working at the facility three months ago. Staff D was scheduled to work alone from 7:00 PM and 7:00 AM on .

Record review showed the facility had no documentation of the following training for Staff D
1. Reporting major incidents, Reporting adverse incidents, and Facility emergency procedures
2. Resident rights in an assisted living facility. Recognizing and reporting resident , neglect, and
3. Resident behavior and needs. Providing assistance with the activities of daily living.
4. Safe food handling practices.
5. Facility's resident elopement response policies and procedures
6. control including universal precautions.

On at 1:00 PM the Administrator stated Staff D had the mentioned training but documentation was not in facility.

Class III

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

Based on observation, record review, and interview the facility failed to have 1 out of 4 ( Staff B) trained in how to assist residents with self administration of medications continuing education.

Findings as follow:

On at 12:00 pm observed Staff B assisting a resident with self administration of medications.

Record review showed Staff B's last medication training was dated . Staff B did not have the 2 hours of medication annually.

On at 1:20 PM the Administrator stated will send Staff B to receive the medication training.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

**0090 - Training - [redacted] - 58A-5.0191(11) FAC**

Based on record review and interview the facility failed to have 1 out of 4 (Staff D) sampled staff trained in [redacted].

Findings as follow:

Record review revealed Staff D starting working at the facility three months ago. Staff D was scheduled to work alone from 7:00 PM and 7:00 AM on [redacted]. Record review showed the facility did not have documentation of the [redacted] training for Staff D.

On [redacted] at 1:00 PM the Administrator stated he was sure Staff D had the training but was unable to show documentation of it.

Class III

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

Based on record review and interview the facility failed to have a completed employment application with references for 1 out of 4 (Staff D) sampled staff.

Findings as follow:

Record review revealed Staff D starting working at the facility three months ago. Staff D was scheduled to work alone from 7:00 PM and 7:00 AM on [redacted]. Record review showed the facility did not have a completed employment application with references for Staff D.

On [redacted] at 1:00 PM Staff A stated he did not have Staff D's application for employment completed.

Class III

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

Based on record review and interview the facility failed to have 2 out of 5 (Residents #1 and #5) sampled

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residents who received assistance with the activities of daily living, weights recorded semiannually. The facility failed to have an updated health assessment for 2 out of 5 (Resident #1) sampled residents.

Findings as follow:

Record review showed Resident #1's last health assessment dated . stated the resident required assistance with ambulation, and transferring. Hospice record review revealed Resident #1 had a on the sacrum area. The facility failed to have an updated health assessment. Further record review showed Resident #1's last weight recorded by the facility was on .

Resident #5's health assessment dated revealed the resident required assistance with ambulation, bathing, dressing, toileting and transferring. Record review showed Resident #5's last weight recorded by the facility was on .

On at 2:00 PM the Administrator stated he believed the weights were in Residents #1 and #5's records.

Class III

**L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC**

Based on record review and interview the facility failed to have 1 out of 4 (Staff A) staff trained in working with Limited Mental Health (LMH) residents every two hears with a 3 hours of continuing education training. The facility also failed to have 2 out of 4 (Staff B and C) sampled staff trained in a minimum of 6 hours of working with limited mental health residents within 6 months of employment.

Findings as follow:

Record review showed the facility did not have documentation of the 3 hours of continuing education in limited mental health training for Staff A. Staff A last limited mental health training was dated . The facility also did not have documentation of the initial limited mental health training for Staff B and C within 6 months of hire. Staff B was hired on and Staff C was hired .

On at 1:00 PM the Administrator stated staff will receive the limited mental health training as soon they are offered.

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Class III