

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967799	(X3) DATE SURVEY COMPLETED 09/17/2018
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 On 09/17/2018 to 09/17/2018, a complaint survey (CCR #2018011459), was conducted in conjunction with revisit to 09/17/2018 complaint (CCR #2018007898), at Villa La Esperanza II (License #11788), an assisted living facility located in Tampa, Florida. There were deficiencies identified during visit. 0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC Based on interview and record review, the facility failed to maintain personnel records including an application, documentation verifying freedom from signs or symptoms of a communicable and documentation of compliance with staff training for one employee (Staff B) of two employees selected for record review. Finding included: During interview with Staff B, on 09/17/2018, at 01:41 p.m., staff confirmed that he has access to resident records, and resident medications. Staff B, confirmed that his role included assisting residents when sent to the hospital, and communications with hospital about residents medical status and represented himself as a Manager of the Facility to hospital case management. Staff B confirmed that he did not have an applications, a physical examination, and no health assessment indicating freedom of communicable diseases. Attempted record review revealed that the Facility only had a print out of Staff B's Level II background screening. During interview with the Administrator on 09/17/2018 at 02:00 p.m., Administrator confirmed that Staff B has no staff record at the facility. Interview with Administrator of a Skilled Nursing Facility (SNF) who received Resident #6, on 09/17/2018, at 02:12 p.m., revealed that the SNF communicated with Staff B, who identified self as Facility Manager, about resident's medical status and about transporting Resident #6's belonging. Class III 0162 - Records - Resident - 58A-5.024(3) FAC		

**AGENCY FOR HEALTH CARE
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Based on interview and attempted record review, the Facility failed to retain discharged resident's record for two years, and resident contracts for five years , following departure for one (#8) of three discharged residents selected for record review. Findings included: Review of Facility's Admission Discharge log, on _____, revealed that Resident #8 resided at the Facility from _____ to _____. In response to a request made on _____, at 01:34 p.m., the Administrator stated that the Facility did not have Record onsite for discharged Resident #8. Class III		

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

Based on employee record review and interview, the facility failed to maintain an up-to-date Background Screening (BGS) Roster that included one employee (Staff B), who had access to residents living quarters, residents records, and communicated to third party healthcare providers about residents' medical status for five (#1, #2, #3, #4, and #5) of five active residents, and one (#6) discharged resident.

Findings Included:

During interview with Staff B, on , at 01:41 p.m., staff confirmed that he has access to resident records, and medications, but indicated that he did not assist with medications. Staff B, confirmed that his role included assisting residents when sent to the hospital, and communications with hospital about residents medical status, represented himself as a Manager of the Facility to hospital case management.

During interview with the Administrator on at 02:00 p.m., the Administrator confirmed that Staff B was not included in the Facility Clearinghouse roster. Administrator confirmed that Staff B has no document at the facility

Unclassified