STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968767	**09/27/2018**
NAME OF PROVIDER OR SUPPLIER **DE LAS MERCEDES ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7012 N ORLEANS AVE** **TAMPA, FL 33604**	

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

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

Based on record review and interview the facility failed to maintain an updated employee roster in the Agency background-screening clearinghouse for one (Staff A) of three employees selected for review, and failed to add an end date for former administrator and employee who no longer worked at the Facility.

Findings included:

During interview with Staff A, on at 09:55 a.m., she confirmed that she started working as a caregiver on .

Record review for Staff A, on , revealed that Staff A had a documented date of hire as .

Review of the AHCA Background Screening Clearinghouse Agency website, on at 02:04 p.m., reveled an absence of Staff A's name. The Administrator reviewed the Facility roster and confirmed the absence of Staff A's name, and confirmed that previous employees, and the previous administrator were listed on the Facility roster as current staff.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview the facility failed to ensure that Staff A, a caregiver, completed the required Level II background screening.

Findings included:

During interview with Staff A, on at 09:55 a.m., she confirmed that she started working as a caregiver on .

Record review for Staff A, on , revealed that Staff A had a documented date of hire as .

Review of the AHCA Background Screening Clearinghouse Agency website, on at 02:04 p.m., reveled an absence of Staff A's name. Search for Staff A on the AHCA Background Screening

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SUMMARY STATEMENT OF DEFICIENCIES
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Clearinghouse Agency website, on [redacted], at 02:23 p.m., revealed that Staff A was determined "Not Eligible," with expired screening status. Administrator reviewed and confirmed Staff A's Level II background screening determination.

Unclassified

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SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

Assisted Living Facility

A Change of Ownership with Limited Mental Health survey was conducted on . . . . . at De Las Mercedes Assisted Living Facility (ALF) (License#12623), an assisted living facility in Tampa, Florida. There were deficiencies identified at the time of visit.

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on record reviews and interviews, the facility failed to ensure one (Staff C) of three direct care staff selected for record review completed the required training related to elopement, and incident response training within thirty days of employment.

Findings included:

Record review, on . . . . . , revealed that the Staff C had a documented their date of hire of . . . . . Record review revealed no documentation of training completion for required training related to elopement, and incident response training.

During interview with the Assistant Administrator, on . . . . . at 05:39 p.m., she confirmed that the she was not able to locate proof of training related to elopement, and incident response for Staff C.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record reviews and interviews, the facility failed to ensure one (Staff A) of three direct care staff selected for record review completed the required training related to the Facility's . . . . policy and procedures within thirty days of employment.

Findings included:

Record review, on . . . . . , revealed that the Staff C had a documented their date of hire of . . . . . Record review revealed no documentation of training completion for required training related to the Facility's . . . . . policy and procedures.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968767	**09/27/2018**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

During interview with the Assistant Administrator, on . . . . . at 05:39 p.m., she confirmed that the she was not able to locate proof of training related to to the Facility's . . . . . policy and procedures for Staff C.

Class III