STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964862	**10/30/2018**
NAME OF PROVIDER OR SUPPLIER **FOUNTAIN OF YOUTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **9001 BANA VILLA COURT** **TAMPA, FL 33635**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated Biennial licensure survey with Comprehensive Emergency Management Plan/Generator review was conducted on , in conjunction with a Complaint investigation (CCR# 2018014443).

The Fountain Of Youth ALF Inc, Assisted Living Facility (License #9411), had deficiencies at the time of this visit.

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

Based on record review and interview, the facility (with a census of 6 residents) failed to ensure annual documentation of freedom from for 2 of 3 employees providing direct personal services to residents.

Findings included:

Surveyor reviewed employee records at the facility on beginning at 10:15am.

Staff B was hired on to provide direct personal services to residents as a relief Resident Aide. Record review on revealed that Staff B's last testing was conducted on . There was no evidence of a negative examination during 2017 and 2018.

The Owner/Administrator began employment providing direct personal services to residents on . Record review on revealed that the Owner/Administrator's last testing was conducted on . There was no evidence of a negative examination due by .

On at 10:20am, the Owner/Administrator stated she knows both she and Staff B need to get tests.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and interview, the facility (with a census of 6 residents) failed to ensure 2 of 3

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employees providing residents assistance with self-administration of medications have successfully completed annual 2-hour updates on providing assistance with self-administration of medications and safe medication practices in an Assisted Living Facility.

Findings included:

Surveyor reviewed employee records at the facility on beginning at 10:15am. Records revealed that the Owner/Administrator and Relief Resident Aide Staff B began employment on providing direct personal services to residents, including assistance with self-administration of medications. Both the Owner/Administrator and Staff B completed initial 4-hour trainings on providing assistance with self-administration of medications.

Record review on revealed that the Owner/Administrator's most recent training (2-hour update) on providing assistance with self-administration of medications was completed on .

Record review on revealed that Staff B's most recent most recent training (2-hour update) on providing assistance with self-administration of medications was completed on .

On at 10:45am, the Owner/Administrator stated that Staff B "is going to have to go get meds training update. She provides meds when I'm not here." The Owner/Administrator acknowledged during exit interview on at 3:00pm that she also needs to get updated training in providing residents assistance with self-administration of medications.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility (with a census of 6 residents) failed to prepare a written Comprehensive Emergency Management Plan and submit the Plan to the local County Emergency Management officials for review and approval.

Findings included:

On at 10:30am, Surveyor requested the facility's Comprehensive Emergency Management Plan. The Owner/Administrator stated she is "working on it now, has a generator and portable air conditioner, needs to call to see where to get approval, will read AHCA literature to see about getting."

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

Surveyor reviewed the Emergency Management Plan in process on . . . . . with the Owner/Administrator. The Owner/Administrator acknowledged lateness in completing and submitting the required Emergency Management Plan during exit interview conducted . . . . . at 3:00pm.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview and record review, the facility (with a census of 6 residents) failed to prepare a written Comprehensive Emergency Management Plan with emergency power requirements and submit the Plan to the local County Emergency Management officials for review and approval.

Findings included:

On . . . . . at 10:30am, Surveyor requested the facility's Comprehensive Emergency Management Plan. The Owner/Administrator stated she is "working on it now, has a generator and portable air conditioner, needs to call to see where to get approval, will read AHCA literature to see about getting."

Surveyor reviewed the Emergency Management Plan in process on . . . . . with the Owner/Administrator. Record review revealed that a generator was purchased and electrical wiring begun . . . . . , completed . . . . . . The Owner/Administrator stated that the generator was hooked up on . . . . . , but is in storage now because the facility needs an elevated concrete platform; keeping the generator in a shed until installation is completed. The Emergency Management Plan in process included a completed Summary of Emergency Environmental Control Plan and Facility Information Sheets, Generator Safety Brochure, and Regulations/Information sheets.

The Owner/Administrator acknowledged lateness in completing and submitting the required Emergency Management Plan during exit interview conducted . . . . . at 3:00pm.

Class III