STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966845	**11/29/2018**
NAME OF PROVIDER OR SUPPLIER **CASA DE PAZ ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9360 SW 24 STREET** **MIAMI, FL 33165**	

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 within the background screening clearinghouse database for three out of five (Staff C, D, E, F and G) sampled staff.

Findings included:

Review of background screening clearinghouse database showed that Staff F and Staff G were listed. Staff F and Staff G no longer worked at the facility. Staff C hired on , Staff D hired on and Staff E hired on were not listed.

Interview conducted on at 2:45 PM, Administrator confirmed that Staff F and Staff G no longer worked at the facility and that Staff C, D and E were not listed.

Unclassified

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

Based on observation, record review, and interview, the facility failed to have a Level 2 background screening for one out of five (Staff C) sampled staff.

Findings included:

A review of personnel records showed that there was no documentation that Staff B had an eligible level II background screening.

Review of the background screening database showed that Resident C did not have level II background screening.

Interviewed on at 2:45 PM, the Administrator confirmed that Staff C did not have level 2 background screening.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

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Based record review, and interview, the facility failed to maintain a signed attestation of compliance with background screening form in the personnel record for four out of five (Staff A, C, D and E) sampled staff.

Findings included:

Personnel file review showed no documentation of a signed attestation of compliance with background screening form for Staff A, C, D and E.

Interviewed on at 2:45 PM, the Administrator confirmed that Staff A, C, D and E did not have the attestation of compliance form in their files.

Class III

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0000 - Initial Comments

A Standard Biennial Survey was conducted on 11/29/18. Casa de Paz ALF Inc had deficiencies at the time of the survey:

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, and interview, the facility failed to ensure that a licensed personnel administered medications to three out of five (Residents #1, 3 and 4) sampled residents.

Findings included:

Observation on at 2:10 PM showed that Resident #1, #3 and #4 were unable to assist with their medications.

Interviewed on at 2:28 PM, Staff D stated, "I crunched their medications, mix with food and fed the residents."

Class III

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

Based on record review, and interview, the facility failed to provide documentation of freedom from communicable for two out of five sampled staff (Staff C and E). The facility failed to keep on file an updated documentation of freedom from for two out of five staff (Staff A, and B) sampled staff.

Findings included:

Staff record review revealed that Staff C's hired on and Staff E's hired on had no documentation verifying freedom from communicable .

Staff A, and B had no documentation that they did not have any signs or symptoms of a communicable annually. The last statement on file for Staff A was dated and Staff B was dated .

Interviewed on at 1:45 PM, the Administrator confirmed that Staff C and E did not have

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documentation of freedom from communicable , and Staff A and B did not have annual documentation that they did not have any signs or symptoms of a communicable in their records.

Class III

0080 - Training - Core & Competency Test - 429.52( ) FS; 58A-5.0191(1) FAC

Based on record review, and interview, the facility's Administrator failed to provide documentation of 12 hours of continuing education in the last 2 years. The facility failed to provide documentation that the Administrator had retaken core training due to the lack of continuing education.

Findings included:

Record review showed that the Administrator's file had no documentation of 12 hours of continuing education in the last 2 years. There was no documentation that the administrator had retaken core training and the examination.

Interviewed on at 1:45 PM, the Administrator confirmed that she did not receive 12 hours of continuing education in the last 2 years.

Class III

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

Based on record review, and interview, the facility failed to ensure staff who provided direct care to residents received in-service training within 30 days of employment for three out of five (Staff C, D and E) sampled staff,

Findings included:

Staff record review showed:

Staff C hired in , had no documentation of in-service training regarding the facility's resident elopement response policies and procedures.

Staff D, hired on had no documentation of the following training: Resident behavior and needs; Providing assistance with the activities of daily living; Elopement response policies and procedures;

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SUMMARY STATEMENT OF DEFICIENCIES
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Reporting major incidents; Reporting adverse incidents and Facility emergency procedures; Incident reporting; Resident rights in an assisted living facility; Recognizing and reporting resident , neglect, and .

Staff E hired on had no documentation of the following in-services training: control including universal precautions; Resident behavior and needs; Providing assistance with the activities of daily living; Elopement response policies and procedures; Reporting major incidents; Reporting adverse incidents and Facility emergency procedures; Incident reporting; Resident rights in an assisted living facility; Recognizing and reporting resident , neglect, and .

Interviewed on at 2:45 PM,the Administrator confirmed that Staff C, D and E did not receive in-service training.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review, and interview, the facility failed to ensure that staff complete an one hour education course on and within 30 days of employment for one out of five (Staff E) sampled staff.

Findings included:

Staff record review of Staff E had no documentation that she received a one hour education course in and within 30 days of employment. Staff E was hired on .

Interview conducted on at 1:45 PM, Administrator confirmed that Staff E did not receive a one hour education course in and within 30 days of employment.

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 failed to provide documentation of two additional hours of training on assisting with self-administered medication training in compliance with the state regulation update effective , , , for one out of five (Staff D) sampled staff.

Findings included:

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Record review for Staff D showed no documentation of 2 hours additional continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF.

Interviewed on at 2:45 PM, the Administrator confirmed that Staff D did not receive the additional 2 hours of continuing education training.

Class III

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

Based on record review, and interview, the facility failed ensure the staff received at least one hour of training in the facility's policy and procedures regarding ( ) within 30 days after employment for three out of five (Staff C, D and E) sampled staff.

Findings included:

Staff record review found no documentation that Staff C, D and E received at least one hour of training in the facility's policy and procedures regarding training within 30 days after employment. Staff C was hired on , Staff D was hired on and Staff E was hired on .

Interview conducted on at 2:45 PM, Administrator stated that Staff C, D and E did not receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

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

Findings included:

Review of facility's records showed that the facility failed to perform at least two elopement drills per year. The last elopement drills were done .

Interviewed on at 1:45 PM, the Administrator stated that the facility performed two elopement

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drills per year but the document was not in the facility.

Class III

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

Based on record review, and interview the facility failed to provide evidence of personnel records containing a copy of the employment application for three out of five (Staff C, D and E) sampled staff.

Findings included:

Review of Staff C, D and E's files found no documentation of the employment application. Staff C was hired in , Staff D was hired on , and Staff E was hired in .

Interviewed on at 2:45 PM, the Administrator stated that Staff C, D and E did not have an employment application with references in their files.

Class III

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

Based on observation, record review, and interview, the facility failed to provide an accurate health assessment for two of five (Resident #3 and #5) sampled residents. The facility also failed to obtain a written physician's order for the use of full bed rail for one out of five (Resident #3) sampled residents:

Findings included:

1) A review of Resident # 3's record showed the last health assessment was completed on and it stated that the resident required assistance with activities of daily living. The resident needed assistance with self-administration of medications, and had a regular diet.

Record review revealed that Residents #5's health assessment did not specify whether the residents required any assistance with the administration of medications.

Hospice record review showed Resident #3 had been receiving services since . The resident required total assistance with activities of daily living.

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Interview conducted with Staff D on 11/28/18 at 2:28 PM stated, "I crunched Resident's #3 medications, mix with food and fed her." Record review found no documentation of an order for crushed medications.

Interview conducted on at 2:45 PM, Administrator stated the physician will complete a new health assessment for Resident #3 and #5.

2)

Observation on at 9:30 AM showed that Resident #3 had full bed rails attached to her bed.

Residents record review showed that the there was no written physician's order for the use of full bed rails for Resident #3.

Interviewed on at 2:45 PM, the Administrator stated that she had a written physician's order for the use of full bed rails for Resident #3, but she was unable to provide it during the survey.

Class III

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

Based on record review, and interview, the facility failed to provide documentation of the Comprehensive Emergency Management Plan (CEMP) approval.

Findings included:

A review of the facility's records showed the facility did not have an Emergency Management Plan approval letter. The last approval letter on file was dated .

Interviewed on at 1:45 PM, the Administrator stated she had not received the approval letter.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview the facility failed to store a minimum fuel supply (48 hrs.) onsite.

Findings included:

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On [redacted] at 9:30 AM, observed 8 gallons of gasoline inside a shed.

Emergency power plan reviewed showed that the facility needed 12 gallons of gas for 48 hours operation of the alternative source.

Interviewed on at 9:45 AM, the Administrator confirmed that the facility did not have a minimum fuel supply for 48 hours operation of the alternative source.

Class III