STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968771	**01/14/2019**
NAME OF PROVIDER OR SUPPLIER **SKAGWAY LIVING FACILITY, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2210 W SKAGWAY AVE** **TAMPA, FL 33604**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A biennial licensure survey was conducted on at Skagway Living Facility (License # 12613), an assisted living facility in Tampa, Florida. There were deficiencies identified at the time of visit.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on interview and record review, the facility failed to ensure that one of two residents (Resident #2) whose records were reviewed had accurate documentation of a -to- assessment by a health care provider, reflecting the level of assistance Resident #1 required.

Findings included:

Record review conducted on revealed Resident #1 was admitted to the facility on and had a writtend health assessment dated . The health assessment for Resident #1 indicated Resident #1 did not require assistance with medications and was able to administer medications without assistance.

Record review conducted on /209 revealed staff were signing off on the Medication Observation Records for Resident #1's medications.
An interview with the Administrator was conducted on beginning at 12:48pm and revealed the facility staff assist Resident #1 with their medications as Resident #1 is not capable of administering their own medications.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview, the facility failed to provide an ongoing activities program for four residents (Residents #) who currently reside in the facility.

Findings Include:

During an interview with the Administrator on at 09:37AM, they confirmed that they do not conduct activities and that there is no activities calendar posted in the facility.

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For the duration of the survey from 8:50am to 2:15pm on no activities were observed.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review, and interview, the facility failed to maintain a daily medication observation record (MOR) for one (Resident #4) out of four residents who receive assistance with self-administration of medications.

Findings Included:

At 11:05am on , medications ordered by a health care provider for Resident #4 were observed in the facility's locked cabinet used for medication storage.

A record review of the facility's MOR was conducted on which revealed that Resident #4 had no MOR.

During an interview with the Administrator on beginning at 12:49pm, they confirmed that Resident #4 has no MOR and that she received assistance with self-administration of medication.

Class III

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

Based on record review and interview the facility failed to ensure two (Administrator and Staff B) of four records for staff providing direct care to residents contained evidence of an annual negative tuberculous ( ) examination.

Findings Included

Employee record review conducted on revealed the Administrator had a date of hire of . The Administrator's employee record did not contain evidence of a negative examination.

Employee record review conducted on revealed Staff B had a date of hire of . Staff B's employee record did not contain evidence of a negative examination.

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An interview with the Administrator was conducted on beginning at 12:48pm. The Administrator confirmed missing evidence of an annual negative examination for the Administrator and Staff C.

Class III

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

Based on interview and record review, the facility's administrator failed to meet the training and testing requirements for an administrator of an assisted living facility. The administrator had no documentation of taking and passing the core competency examination.

Findings included:

Record review of the Administrator's personnel file conducted on revealed there was no documentation showing completion of the core competency exam.

During interview with the Administrator on beginning at 12:48pm, the Administrator stated that they had the training but had not taken the exam.

Class III

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

Based on interview and record review, the facility failed to ensure staff received required in-service training within 30 days of employment, for staff who provide direct care to residents for four staff (Administrator, Staff A, Staff B and Staff C) of four employee records reviewed.

Findings included:

Employee record revealed Administrator with a date of hire of 11/3/2016 did not have documentation of completing incident reporting training.

Employee record review revealed Staff A with a date of hire of did not have documentation of control training, elopement response training, emergency preparedness and evacuation training, incident reporting training, recognizing and reporting resident , neglect, and , activities of daily living and behavioral needs training or nutritional and safe food handling training.

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Employee record revealed Staff B with a date of hire of did not have proof of incident reporting training.

Employee record revealed Staff C with a date of hire of did not have proof of incident reporting training.

During interview with the Administrator on beginning at 10:18am, the Administrator confirmed there were no trainings for Staff A. Further interview with the Administrator on beginning at 12:48pm, the Administrator confirmed the missing incident reporting training for Staff B, Staff C, and the Administrator.

Class III

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

Based on interview and record review, the facility failed to ensure staff received required / , , (/) training within 30 days of employment, for staff who provide direct care to residents for 1 (Staff A) of 4 employee records reviewed.

Findings Included:

Employee record review conducted on revealed Staff A with a date of hire did not have proof of and training in employee record.

An interview was conducted on at 12:48pm with the Administrator, the Administrator confirmed there was no training for Staff A.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure staff received First Aid and ( ) for one (Administrator) of 4 employee records reviewed.

Findings Included:

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Employee record review conducted on revealed there was no and First Aid training on file for the Administrator.

An interview was conducted on at 12:48pm with the Administrator, the Administrator confirmed they work in the facility alone with the residents and there was no evidence of current and First Aid training in their file.

Class III

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

Based on observation, record review and interview, the facility failed to ensure 4 staff (Administrator, Staff A, Staff B and Staff C) assisting residents with self-administration of medication had documentation of having completed required training.

Findings included:

Employee record review conducted on revealed the Administrator had completed the four-hour training on assisting residents with self-administration of medication on . There was no evidence of the required two hour update for assisting residents with self-administration of medication training required each year.

Employee record review conducted on revealed Staff A had no assistance with self-administered medications training in their file.

Employee record review conducted on revealed Staff B had completed the initial four hour assisting residents with self-administration of medication training on . There was no evidence of the required two hour annual update for assisting residents with self-administration of medication training.

Employee record review conducted on revealed Staff C had completed the required two hour update for assisting residents with self-administration of medication training on , but there was no evidence of the initial four hour training on assisting residents with self-administration of medication in their file.

During medication observation conducted on at 2:00pm, the Administrator was observed assisting with self-administration of medication for Resident #3.

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An interview was conducted with the Administrator on beginning at 12:48pm and the Administrator confirmed that all staff working at the facility assist residents with self-administration of medications. The Administrator reviewed the employee records and confirmed the missing self-administration of medication trainings and updates for Staff A, Staff B, Staff C and the Administrator.

Class III

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

Based on interview and record review, the facility failed to ensure staff received ( ) training within 30 days of employment, for staff who provide direct care to residents for 1 (Staff A) of 4 employee records reviewed.

Findings Included:

Employee record review conducted on revealed Staff A with a date of hire did not have proof of training in their employee record.

An interview was conducted on at 12:48pm with the Administrator, the Administrator confirmed there were no trainings in the file for Staff A.

Class III

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

Based on record review and interview facility failed to maintain an up-to-date admission and discharge log listing the facility or place from which the resident was admitted.

Findings Include:

A record review of the facility's admission and discharge log conducted on at 09:11am revealed there was no information regarding the place from which the residents were admitted.

During an interview with the Administrator on beginning at 12:49pm, they confirmed that the admission and discharge log was not up-to-date.

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Class III

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

Based on record review and interview, the facility failed to maintain an application and references for 1 (Staff A) out of 4 employee records reviewed.

Findings Included

Employee record review conducted on revealed Staff A with a date of hire of did not have an application with references in their employee record.

An interview was conducted on at 2:10pm with the Administrator, the Administrator confirmed there was no application and references in Staff A's employee record or available for review.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview the facility failed to have documentation of completing all requirements pertaining to the emergency power plan, including policies and procedures, written notice to residents and monoxide detectors.

Findings Included:

Observation conducted on beginning at 12:00pm revealed the facility's generator outside the facility on the porch in a cardboard box, there was no fuel for the generator and there were no monoxide detectors in the facility.

Record review conducted on revealed the facility had an approved Emergency Power Plan letter dated . There was not an emergency power plan, written policies and procedures or written notice of residents available for review.

During an interview conducted on at 12:15pm with the Administrator, the Administrator confirmed there was no emergency power plan, no written policies or procedures no fuel for the generator and there was no monoxide detector on site.

Class III

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

Based on record review and interview the facility failed to maintain an up-to-date Background Screening Clearinghouse (BGS) Roster for five Staff (A, B, C, D, E) out of six who provide direct care to the residents in the facility.

Findings Include:

A record review of the Agency for Health Care Administration Clearinghouse Facility Employee Roster on revealed the following:

Staff A with a date of hire (DOH) was not listed
Staff B with a DOH had an end date of and is a current employee
Staff C with a DOH had an end date and is a current employee
Staff D with a DOH had an end date and is a current employee
Staff E with a DOH had an end date and is a current employee

During an interview with the Administrator on beginning at 12:49pm, they confirmed that the BGS Roster was not up to date. The Administrator also confirmed that the staff listed with end dates on the roster were current employees of the facility.

Unclassified

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

Based on employee record review and interview, the facility failed to obtain a Level II Background Screening for one (Staff A) of 6 employee that work at the facility.

Findings Included:

Employee record review conducted on revealed Staff A had no Level II Background screening in their employee file.

Observation conducted on at 8:50am, revealed Staff A was alone in the facility with the residents.

An interview with Administrator was conducted on at 10:18am. The Administrator confirmed

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there was no Level II Background screening for Staff A.

Unclassified

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

Based on record review and interview, the facility failed to maintain a required compliance attestation for 3 (Staff A, Staff B, and Staff C) of 4 employee records reviewed.

Findings Included:

Employee record review conducted on revealed Staff A had a date of hire of and there was no compliance attestation in the employee record.

Employee record review conducted on revealed Staff B had a date of hire of and there was no compliance attestation in the employee record.

Employee record review conducted on revealed Staff C had a date of hire of and there was no compliance attestation in the employee record.

Interview conducted on beginning at 12:48pm with the Administrator confirmed there were no compliance attestations in Staff A, Staff B or Staff C's employee records.

Unclassified