STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968118	**01/23/2019**
NAME OF PROVIDER OR SUPPLIER **BELLO HOGAR LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3406 WEST CARACAS ST** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

On , a biennial relicensure survey was conducted at Bello Hogar Living Facility (Lic. #12080). Deficient practice was identified during the survey.

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

Based on record review and interview, one of three staff sampled (A) had no documentation of freedom from ( ) on an annual basis.

Findings included:

A personnel file review during the survey revealed that the latest evaluation for Staff A, hired , was from . Thus, this document had expired ; further review of Staff A's personnel record found no subsequent assessment having been completed. Interview with the administrator (Staff A) at 2pm on confirmed that she had not obtained any other testing.

Class III

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

Based on record review and interview, two of three staff sampled (A; C) did not hold a currently valid card documenting completion of a course in First Aid.

Findings include:

A personnel record review during the survey indicated that Staff A, hired , had a First Aid certification that had expired , while Staff C, hired , had no First Aid documentation available for review. Interview with the administrator at 1:45pm on provided no clarification for these discrepancies and review of the current staffing schedule confirmed that both employees were scheduled to work alone in the facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968118	01/23/2019
NAME OF PROVIDER OR SUPPLIER **BELLO HOGAR LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3406 WEST CARACAS ST** **TAMPA, FL 33614**	

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

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

Based on record review and interview, the facility failed to ensure that the file for one of two residents sampled (#4) contained all required elements.

Findings included:

Resident record review during the inspection revealed that Resident #4, admitted to the facility , had only one available for review-- . from . Further review of the file found that this individual received assistance with his/her activities of daily living (ADLs), and that no other had been logged either subsequently or prior to this date.

Interview with the administrator at 2:20pm on provided no explanation regarding the lack of records for Resident #4.

Class III

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

Based on record review and interview, the facility failed to provide documentation of review and approval of it's emergency management plan.

Findings included:

Although the facility furnished an email notification from verifying that the local county emergency management agency had received its emergency management plan, the facility was unable to locate any documented verification of the agency's approval of said plan.

Interview with the administrator from approximately 11:45am to 3:30pm on confirmed that she was unable to locate any official documentation of the local county emergency management agency 's approval of her facility's emergency management plan.

Class III