STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968911	**02/05/2019**
NAME OF PROVIDER OR SUPPLIER **TOUCH OF CLASS ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4701 FAIRLEA DR** **VALRICO, FL 33596**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2018018050) was conducted at Touch of Class Assisted Living LLC on . Touch of Class Assisted Living LLC had deficiencies at the time of the investigation.

(License #12787)

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation and record review, the facility failed to ensure that devices that could be considered physical were prohibited for use for one (Resident #4) of seven residents' beds observed.

Findings included:

A tour of the facility was conducted on , beginning at 10:03 AM. Resident #4 was observed lying in a bed that contained full bed rails.

The Administrator was interviewed at 11:54 AM on in Resident #4's room and the full bed rails were discussed. The administrator stated that Resident #4 had been recently "discharged from hospice" and confirmed the resident's bed had full bed rails that functioned as a physical .

Class III

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

Based on interview and attempted record review, the facility failed to provide proof of negative examinations documented on an annual basis (Exams), a written statement from a health care provider documenting that individuals do not have any signs or symptoms of a communicable (Communicable Statement), or documentation of compliance with the training requirements of Rule 58A-5.0191, Florida Administrative Code for ten (Staff A, Staff B, Staff C, Staff D, Staff E, Staff G, Staff H, Staff I, and Staff J) of ten employees sampled.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968911	**02/05/2019**
NAME OF PROVIDER OR SUPPLIER **TOUCH OF CLASS ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4701 FAIRLEA DR** **VALRICO, FL 33596**	

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

A request was made to the Administrator to provide a list of facility employees with their dates of hire. The handwritten list of employees provided by the Administrator had dates of hire for only three of the employees (photographic evidence obtained).

The Administrator was interviewed at 11:59 AM on and they acknowledged that did not have dates of hire for the majority of the employees and stated that there were no employee records in the facility, including freedom from and communicable and compliance with training requirements.

Class III

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

Based on interview and record review, the facility failed to maintain a required, up-to-date admission and discharge log listing the names of all residents, dates of admissions, and dates of discharges.

Findings included:

An interview was conducted with Staff A at 9:57 AM on . Staff A was asked for a list of residents and asked how many residents lived at the facility. Staff A stated that the current census was 7 residents. Staff A then provided a written list of resident names that totaled 7 (photographic evidence obtained).

An interview was conducted with the Administrator at 10:16 AM on and they were asked to provide the facility's admission and discharge log. The Administrator stated that they do not have an admission and discharge log.

Class III

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

Based on record review and interview, the facility failed to provide proof of maintaining resident records, including demographic data, a copy of the resident's contract with the facility, a copy of the resident's health assessment form, services to be provided by the facility, or any orders for medications for two (Resident #1 and Resident #2) of seven residents sampled.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968911	**02/05/2019**
NAME OF PROVIDER OR SUPPLIER **TOUCH OF CLASS ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4701 FAIRLEA DR** **VALRICO, FL 33596**	

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

A request was made of the Administrator at approximately 10:15 AM on to provide records for all seven of the facility's records. The Administrator stated that all of the residents' records were at their personal residence, and that they would go home to retrieve them.

The Administrator was interviewed at 11:13 AM on and asked for records for Resident #1 and Resident #2. The Administrator stated that Resident #1's and Resident #2's records were not in the facility and were at their personal residence. The facility failed to provide records for Resident #1 and Resident #2 during the survey.

Class III

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

Based on record review and interview, the facility failed to maintain the employment status of staff members within the employee roster listed in the AHCA background screening clearinghouse (Employee Roster), within 10 business days of initial employment, for 10 (Administrator, Staff A, Staff B, Staff C, Staff D, Staff E, Staff F, Staff G, Staff H, and Staff I) of 12 staff members sampled.

Findings included:

The Administrator was asked for a list of staff members with dates of hire, and the Administrator provided a list of employees (photographic evidence obtained). The list showed that Staff B had a date of hire of and Staff F had a date of hire of . The Administrator was unable to provide dates of hire for Staff A, Staff C, Staff D, Staff E, Staff G, Staff H, and Staff I, but indicated that they were employed at the facility for more than 10 business days. The Administrator stated during an interview conducted at 11:15 AM on , that the Administrator had a date of hire of .

A review of the Employee Roster showed no entries for the Administrator, Staff A, Staff B, Staff C, Staff D, Staff E, Staff F, Staff G, Staff H, and Staff I.

The Administrator was interviewed at 11:58 AM on and the Employee Roster was discussed. The Administrator acknowledged that the Administrator, Staff A, Staff B, Staff C, Staff D, Staff E, Staff F, Staff G, Staff H, and Staff I were not entered as required.

Unclassified

Z828 - Administrative Fines; Violations - 408.813(3) FS

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968911	**02/05/2019**
NAME OF PROVIDER OR SUPPLIER **TOUCH OF CLASS ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4701 FAIRLEA DR** **VALRICO, FL 33596**	

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

Based on observation, interview, and record review, the facility exceeded its licensed capacity of six by admitting seven residents for residency.

Findings included:

An entrance conference was conducted with Staff A at 9:57 AM on . Staff A was asked for a list of residents and asked how many residents lived at the facility. Staff A stated that the current census was seven residents. Staff A then provided a written list of resident names that totaled seven (photographic evidence obtained).

A review of the facility's license posted in a residential hallway showed a maximum capacity of 6 residents (photographic evidence obtained).

A tour of the facility was conducted at 10:03 AM on with Staff A who showed all 7 residents' rooms and indicated by name who lived in each room. All 7 residents were identified by name either in their rooms or participating in an activity in a common area at the time of the tour.

Staff A was interviewed at 10:20 AM on and they stated that they assisted all 7 residents with activities of daily living and self-administration of medication.

Medication observation records for were reviewed and showed that all 7 residents were being provided with assistance with self-administration of medications by facility staff (photographic evidence obtained). An observation of the med carts showed the presence of medications for all 7 residents.

An interview was conducted with the Administrator at 11:15 AM on and the Administrator acknowledged that they had admitted and currently had seven residents in to the facility with a licensed capacity of six.

Unclassified