STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968366	R 02/26/2019
NAME OF PROVIDER OR SUPPLIER **DEJAY'S ADULT CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 NW 65TH AVENUE** **PLANTATION, FL 33317**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on at Dejay's Adult Care LLC, License #12333. The facility had uncorrected deficiencies at the time of the survey.

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

Based on interview and record review, it was determined the facility failed to ensure that each staff member submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable including ( ) annually, for 2 of 3 sampled employee records reviewed (Administrator and Staff B).

The findings included:

a) During personnel record review on with the Administrator for three staff members indicate the Administrators file did not have current documentation from a health care provider stating; that the individual does not have any signs or symptoms of communicable , including annually. The file also reveals the Administrators date of hire and the last statement by a health care provider found in record was dated . In addition, a employee record reviewe of Staff B with a hire date of revealed the last statement by a health care provider found in record was dated and no current documentation regarding an update on status. The Administrator was present during the survey and confirmed the findings.

The Administrator did not provide any further documentation or information.

b) A review of Staff B's record the physician statement dated free from communicable . Negative ( ) test dated .

An additional file was reviewed for compliance. Staff D hire date (direct care personnel) physician statement free from communicable dated . Negative ( ) test dated .The annual physician statement is expired. On 11:34 AM The Administrator stated that she will not be able to get any additional information from her. The Administrator stated that she spoke to her on yesterday and she stated that she will be getting a job with homeland security. The Administrator stated that she will need to take her off of the background screening roster.

Class III
Uncorrected

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SUMMARY STATEMENT OF DEFICIENCIES
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0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on employee record review and interview the facility failed to ensure 2 of 3 sampled staff received the required in-service trainings within 30 days of hire (Staff A and B).

The findings include:

a) On , during employee record reviews with the Administrator for Staff A (hire date of), and Staff B (hire date of) there was no documentation contained within the employee files, showing completion of the following regulatory required in-service trainings completed within 30 days of employment:

1) Preservice Orientation - Must be completed prior to interacting with residents 2 hour training
2) ADL and Behavioral Needs - 3 hour training

Further employee record review for Staff A (hire date of), there was no documentation contained within the employee files, showing completion of the following regulatory required in-service trainings completed within 30 days of employment:
1) Reporting Major Incidents Reporting Adverse Incidents -1 hour training
2) Incident Reporting -1 hour training
3) Facility Emergency Procedures - 1 hour training

During an interview with the Administrator, on at 1:30PM, she acknowledged and confirmed the findings and no further documentation or information provided.

b) During the revisit survey conducted on . The following items were not corrected:

1) Staff A, date of hire . No Preservice Orientation acknowledgement form in file.
2) Staff B did not complete the Incident Reporting -1 hour training

Class III
Uncorrected

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

Based on employee record review and staff interview, the facility failed to ensure 2 of 3 sampled employee records reviewed received the required one hour in-service training in the facility's policies and

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

procedures regarding ( ) within 30 days of hire for Staff A and B.

The findings include:

a) During a employee record review with the Administrator on at 2:00PM, for Staff A and Staff B, there was no documentation contained within these employee files, or provided by administration, showing completion of the regulatory required in-service training regarding the facility's , which is to be completed within 30 days of employment.

Staff A date of hire
Staff B date of hire

During an interview with the Administrator, on at 2:00PM, she acknowledged the absence of documentation for both employees and no further documentation or information provided.

b) During the revisit survey conducted on . The following uncorrected.

Review of Staff B's file (date of hire) revealed the ( ) training certificate for 1 hour is not in the file. On at 12:16 PM, the Administrator stated that Staff B does not have a certificate. The Administrator stated that Staff B is a RN and she stated that the training should be under her license and she should not have to take the training.

Class III
Uncorrected

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review, observation, and interview, the facility failed to notify each resident/resident representative in writing of the emergency plan and failed to develop written policies and procedures to ensure the facility can effectively operate and test the alternate power source. In addition, any fuel required for the operation of the alternate power source.

The findings included:

a) During an interview, on the Generator Assessment with the Administrator, on at 12:30PM, she stated that the facility does not have a written policy and procedure on how to maintain and operate the alternative power source, including any additional fuel that is necessary to operate the generator. In

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(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

addition, the facility has not notified the residents and their representative in writing of the facility's implementation of the plan.

The Administrator confirmed the findings during the interview on the Generator Assessment on , at 12:30PM.

b) During the revisit survey conducted on at 12:29 PM, the Administrator stated the residents are aware that she implemented the Emergency Environmental Control Plan but she does not have anything in writing. She has not notified the resident and/or their representatives in writing that the plan was submitted.

On at 12:35 PM, the Administrator could not locate a written Policies and Procedures for the EECP. The Administrator stated that she does not have a separate approval letter for the EECP. She stated that she was supposed to go to a work shop at the Division of Emergency Management regarding the new procedures this month. She has no paperwork to provide proof of anything regarding the EECP.

On at 12:30 PM, the Surveyor spoke with a representative from the the Division of Emergency Management. She stated that the EECP for Dejay's has been terminated as of for failure to provide the requested information required by AHCA. The deadline was . The last EECP submitted

Class III
Uncorrected

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 all employees within the Clearinghouse Background Screening for employment status, for 2 out of 5 staff members; (Staff A; and C).

The findings included:

a) A review of current facility's staff schedule observed posted on at 9:30 AM compared to the Clearinghouse Background Screening revealed that two current staff members not registered.

1) Staff A hire date of
2) Staff C hire date of

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The Administrator was present during the survey and confirmed the findings and no further documentation or information provided.

b) A Revisit survey was conducted on 2/26/19. The background screening clearing house was reviewed at 10:23AM and Staff A (hire date 10/10/18) is still not registered on the the roster. The Administrator stated that she has been trying to add her to the background screening roster several times and she did not realize that the social security number was incorrect. She attempted to enter her on , , and she attempted the other day. She is still not able to update the background screening roster. She stated she will try to enter Staff A today.

Staff C hire date of - The only hire date that shows that is close to this hire date date is . Staff C is no longer employed with the facility. The end date on the AHCA background screening roster shows .

Unclassified
Uncorrected

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

Based on record review and interview, the facility failed to maintain the employment status of all employees by having a Level 2 Background Screening, for 1 out of 3 sampled staff record reviewed (Staff A).

The findings included:

a) An employee record review conducted on with the Administrator, revealed no documentation of a Level 2 Background Screening for Staff A (with hire date of). The Administrator was unable to locate it during the survey and confirmed the findings and no further documentation or information provided at that time.

b) A Revisit survey was conducted on 2/26/19. A review of Staff A's personnel file was reviewed at 10:38 AM. Staff A's file revealed a background screening that stated a new screening required. An additional file was reviewed for compliance. Staff D hire date file also revealed a background screening that stated new screening required.

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