STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	**03/07/2019**
NAME OF PROVIDER OR SUPPLIER **VIDA SERENA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **4406 N MELTON AVE** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

A Change of Ownership survey (CHOW Provisional License issued for the period of . . . to . . . .) with Limited Mental Health (LMH) was conducted on .

The Vida Serena Assisted Living, License # 7338, had deficiencies at the time of this visit.

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

Based on observation, record review, and interviews, the facility failed to provide an ongoing activities program to meet the residents'needs and interests..

Findings Included:

An observation during survey conducted on revealed that no activities were observed throughout the day of survey.

When a current activity schedule was requested on . . . . . at 2:08 P.M., the facility Administrator revealed there was no current activities calendar available for review.

During resident interviews on four residents (#6, #7, #8, and #10) of ten sampled residents stated that the facility was boring and that activities were not being offered on a regular basis .

On . . . . . at 12:20 P.M. Resident #6 stated the following, " The facility never has anything for us to do, it gets boring!"

On at 1:08 P.M. Resident #7 stated, "They don't have much activities to do now until the construction is done, I go for walks."

On . . . . . at 10:02 A.M. Resident #8 stated, "What activities? There aren't any activities."

On . . . . . at 10:29 A.M. Resident #10 stated, "There aren't any activities here anymore, It's been over a month since we had anything to do, I would like to do art and writing, listen to music and go for walks."

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On at 1:51 p.m. during an interview with the administrator, the administrator confirmed the facility is not providing daily activities to residents. The administrator stated, "no we haven't had any activities for the residents since , of 2019, which is about two months ago."

Class III

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation, interview and record review the facility failed to assist with self-administration of medications as required by failing to read the medication label aloud for five of five residents (#9, # 11, #12, #13, #14, #15 and #16) of seven sampled residents who required assistance with self-administration.

Findings Included:

During a medication pass observation, conducted on during survey unlicensed staff (D) were observed not reading the medication label aloud in the presence of Residents #9, # 11, #12, #13, #14, #15 and #16.

In observation of staff (D) conducted on at 11:05 A.M., Staff D popped medication out of the bubble card and placed medications into a small medication cup and stated " here you go" to residents #9, #11, #12, #13, #14, #15 and #16 when medications were given.

In a interview with the Administrator conducted on 03- at 2:40 PM, they acknowledged that the unlicensed staff should read the medication label aloud in the presence of the residents while assisting with self-administration of medications.

Class III

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

Based on record review and interview, the facility failed to ensure that 3 of 4 newly hired staff reviewed in facility with 40 residents submitted a statement from a health care provider, based on an examination

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conducted within the previous six months, that the person does not have any signs or symptoms of a communicable . The facility also failed to ensure that 1 of 4 newly hired staff submitted evidence of a negative examination within 30 days after beginning employment.

Findings included:

Record review of the Administrator's file on (hired) revealed no documentation that the Administrator does not have any signs or symptoms of a communicable . There was no documentation of testing and no statement of freedom from communicable in the Administrator's file.

Record review on revealed that Staff B was hired as a Resident Care Aide/Medication Technician on . Staff B tested negative for on ; as of review, there was no documentation that Staff B does not have any signs or symptoms of a communicable .

Record review on revealed that Staff C was hired as a Resident Care Aide/Medication Technician on . Staff C tested negative for on . Staff C's file contained a form for documentation of freedom from communicable ; the form contained Staff C's name & date of birth only, and was not completed (photographic evidence obtained).

The Assistant Administrator reviewed the employee files and confirmed the missing documentation on at 3:30pm.

Class III

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

Based on record review and interview, the facility failed to provide a preservice orientation of at least 2 hours to all new Assisted Living Facility employees (3 of 3 reviewed in facility with 40 residents) who have not previously completed core training. The facility failed to provide 2 of 3 staff reviewed 3 hours of in-service training within 30 days of employment in resident behavior and needs and providing assistance with the activities of daily living. The facility failed to provide 2 of 3 staff a minimum of 1 hour in-service training within 30 days of employment that covers reporting major/adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. The facility failed to provide 1 of 3 staff reviewed Control training, Elopement response training, training in Resident rights and resident , neglect, and , and training

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in safe food handling practices.

Findings included:

Employee Record Reviews conducted at the facility on beginning at 10:30 am revealed that Staff A, Staff B, and Staff C were all hired as Resident Care Aide/Medication Technicians on and have not taken the Assisted Living Facility core training. There was no indication of completion of a preservice orientation found in any of the 3 employee records.

Record Reviews revealed no indication of 3 hours of in-service training in resident behavior and needs and providing assistance with the activities of daily living in 2 of 3 files reviewed. Staff A's file contained a Certificate of Completion signed by the Administrator on that indicated 1 hour of training in resident behavior and needs and providing assistance with the activities of daily living. Staff B's file contained a quiz only, entitled: "Assisting with ADLs" dated .

Record Reviews revealed no indication of a minimum of 1 hour in-service training within 30 days of employment that covers reporting major/adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation in 2 of 3 files reviewed. Staff B's file contained quizzes only, entitled: "Emergency Procedures & Recognizing & Reporting Elder ." Staff C's file contained a signed "Fire Drill & Evacuation Policy and Procedures" dated ; there was no training certificate and no indication of training in Incident reporting.

Record Reviews revealed no indication of Control training, Elopement response training, training in Resident rights and resident , neglect, and , and training in safe food handling practices in 1 of 3 files reviewed (Staff B).

The Assistant Administrator reviewed the employee files and confirmed the missing documentation on at 3:30pm.

Class III

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

Based on record review and interview, the facility (with 40 current in-house residents) failed to ensure that 1 of 3 employees (Staff B) who provide direct resident personal care services have completed a one-time education course on / , (/).

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Findings included:

Employee Record reviews conducted at the facility on beginning at 10:30am revealed the following:

Staff B was hired on as a Resident Assistant to provide residents personal care services including assistance with self-administration of medications. There was no evidence of training in and in Staff B's file.

The Assistant Administrator stated on at 3:45pm that Staff B probably had the training and did not know why there was no documentation of training.

Class III

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

Based on record review and interview, the facility failed to ensure that 3 of 3 employees who provide 40 current residents personal care services (Staff A, Staff B, and Staff C) receive at least one hour of training in the facility's policy and procedures regarding ( ).

Findings included:

Employee Record reviews conducted at the facility on beginning at 10:30am revealed the following:
Staff A, Staff B, and Staff C were hired on as Resident Assistants to provide residents personal care services including assistance with self-administration of medications.

Staff A's file contained a Certificate of Completion signed by the Administrator on that listed 12 subjects indicating 13 hours of total training - , including " ( ) - 1 hour - ." There was no indication of training contents, no evidence of training in the facility's policy and procedures regarding ( ).

Staff B's file did not contain any evidence of training in the facility's policy and procedures regarding ( ).

Staff C's file contained a Certificate of Completion signed by the Administrator on that listed 12

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subjects indicating 13 hours of total training (1 hour on , 12 hours on), including " ( ) - 1 hour ." There was no indication of training contents, no evidence of training in the facility's policy and procedures regarding ( ).

On at 3:30pm, the Assistant Administrator acknowledged understanding of the need for individual training certificates with required documentation of training.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to ensure that required training certificates are documented in the facility's personnel files (3 of 3 reviewed in facility with 40 residents) and include title and subject matter/agenda of the training, trainee's name, dates of participation, location of the training, number of hours of the training, and training provider's name, dated signature and credentials, including professional license number, if applicable.

Findings included:

Employee Record Reviews conducted at the facility on beginning at 10:30 am revealed that Staff A, Staff B, and Staff C were all hired as Resident Care Aide/Medication Technicians on . Surveyor review of employee training records revealed required training certificates were not in employee files as follows:

Staff A's file contained a Certificate of Completion signed by the Administrator on listing 12 subjects and noting 13 hours of total training dated - . There were no training certificates with required documentation for training in control, resident behavior and needs and providing assistance with the activities of daily living, reporting major/adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, elopement response, resident rights and recognizing and reporting resident , neglect, and , , and safe food handling practices.

Staff B's file contained quizzes only for control, assisting with activities of daily living, emergency procedures, recognizing and reporting elder , resident rights, and safe food handling practices. There were no training certificates with required documentation.

Staff C's file contained a Certificate of Completion signed by the Administrator on listing 12

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subjects and noting 13 hours of total training (1 hour on and 12 hours on). Staff C's file contained signed understanding of elopement response and signed understanding of fire and evacuation policies and procedures, both dated . There were no training certificates with required documentation.

On at 3:30pm, the Assistant Administrator acknowledged understanding of individual certificates needed for trainings and stated that individual ones for former staff were boxed away, as new owner instructed to just list trainings unless AHCA says we need certificates.

Class III

L241 - LMH - Records - 429.075( ); 58A-5.029(2) FAC

Based on record reviews and interviews, the facility, with a Limited Mental Health (LMH) license and 9 identified LMH residents, failed to have a copy of each (9 of 9) mental health resident's community living support plan and the , agreement with the mental health care services provider. The facility had no documentation of efforts made to obtain the required documentation.

Findings included:

Surveyors conducted a Change of Ownership survey with Limited Mental Health (LMH) services at the facility on beginning at 9:30am. The facility had been issued a Provisional License with Limited Mental Health (LMH) for the period of to .

The Assistant Administrator provided a revised resident list that identified 9 LMH residents. Further Record Reviews revealed no support plans in 2 of 2 verified LMH resident files (Resident #17 and Resident #19).

On at 3:00pm, the Assistant Administrator stated the facility has no support plans and does not provide assistance with carrying out support plans. The Assistant Administrator stated: "They don't have support plans. They have case managers." At 3:20pm, the Assistant Administrator stated they <the facility> may have one support plan from 2016 and confirmed not having support plans for any of the 9 identified LMH residents.

Class III

L242 - LMH - Responsibilities of Facility - 429.075(2) FS; 58A-5.029(3) FAC

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Based on record reviews and interviews, the facility, with a Limited Mental Health (LMH) license and 9 identified LMH residents, failed to assist mental health residents with carrying out activities identified in the residents' community living support plans.

Findings included:

Surveyors conducted a Change of Ownership survey with Limited Mental Health (LMH) services at the facility on beginning at 9:30am. The facility had been issued a Provisional License with Limited Mental Health (LMH) for the period of to .

When Surveyor requested a list of residents receiving LMH services, the Assistant Administrator provided an Admission/Discharge log identifying 37 current in-house LMH residents. Record Reviews revealed that 2 of 4 residents identified as LMH residents were not receiving LMH services. Following discussion with the Assistant Administrator regarding LMH qualifications, the Assistant Administrator provided a revised resident list that identified 9 LMH residents.

Record Reviews revealed no support plans in 2 of 2 verified LMH resident files (Resident #17 and Resident #19). Record reviews revealed no facility observations of resident behavior and functioning in the facility, and no record of communication with the residents' mental health case manager or mental health care provider regarding any significant behavioral or situational changes that may signify the need for a change in the resident's professional mental health services, supports, and services described in the community living support plan, or that the resident is no longer appropriate for residency in the facility.

On at 3:00pm, the Assistant Administrator stated the facility has no support plans and does not provide assistance with carrying out support plans.

Class III