STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968911	R 03/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF CLASS ASSISTED LIVING, LLC	**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 revisit to a complaint (CCR 2018018050) was conducted at Touch of Class on . Touch of Class had deficiencies at the time of the visit.

(License #12787)

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

Based on observation and interview, the facility failed to ensure that devices that could be considered physical were prohibited for use for one (Resident #1) of seven residents' beds observed.

Findings included:

A tour of the facility was conducted beginning at 10:05 AM on accompanied by Staff A. At 10:07 AM, Resident #1 was observed lying in a bed with full bed rails. Resident #1 was asked if they could bring the bed rails down and there was no response. Staff A stated that Resident #1 was not able to lower the bed rails. Staff D was also interviewed concerning Resident #1's bed rails at 10:40 AM on and stated that Resident #1 was not able to take down the bed rails alone and required staff assistance.

The issue concerning the full bed rails was discussed with the Administrator at 2:13 PM on .

Class III

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

Based on record review and interview, the facility failed to provide documentation of negative examinations on an annual basis (Exams) for five (Staff A, Staff B, Staff E, Staff F, and Staff J) of nine employee records reviewed; failed to provide proof of a written statement from a health care provider documenting that individuals do not have any signs or symptoms of a communicable (Communicable Statement) for eight (Staff A, Staff C, Staff D, Staff E, Staff F, Staff G, Staff I, and Staff J) of nine employee records reviewed, and failed to provide any documentation of compliance with the training requirements of Rule 58A-5.0191, Florida Administrative Code for in-service trainings within thirty days of hire for four (Staff A, Staff B, Staff C, and Staff F) of nine employee records

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968911	R 03/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF CLASS ASSISTED LIVING, LLC	**4701 FAIRLEA DR VALRICO, FL 33596**

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

sampled.

Findings included:

A review of employee records conducted on showed that Staff A had a date of hire of 11/12/18, Staff B was hired on , Staff C was hired on , Staff D was hired on , Staff E was hired on , Staff F was hired on , Staff G was hired on , Staff I was hired on , and Staff J was hired on .

A review of records for Staff A, Staff B, Staff E, Staff F, and Staff J showed no proof of current Exams. The review of records for Staff A, Staff C, Staff D, Staff E, Staff F, Staff G, Staff I, and Staff J showed no proof of Communicable Statements. The review of records for Staff A, Staff B, Staff C, and Staff F showed no proof of required in-service trainings.

An interview was conducted with the Administrator at 2:09 PM on and the missing Exams, Communicable Statements, and proof of training was discussed.

Class III

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

Based on record review and interview, the facility failed to provide proof that there was a staff member in the facility at all times that had completed courses in first aid and (First Aid/ Training).

Findings included:

A review of the weekly staffing schedule dated was conducted on and showed that Staff J worked alone on the 11 PM-7 AM shift on Monday, Tuesday, Wednesday, and Thursday. The schedule showed that Staff E and Staff I worked together on the 3 PM-11 PM shift on Monday, Friday, and Saturday. The schedule also showed that Staff I worked alone on the 11 PM-7 AM shift on Friday.

A review of employee records conducted on showed no proof of First Aid/ Training for Staff E, Staff I and Staff J.

The lack of proof of First Aid/ Training in Staff E, Staff I, and Staff J's records was discussed with the Administrator at 1:29 PM on and the Administrator was unable to provide proof of the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968911	R 03/26/2019
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)

required training.

Class III

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

Based on interview and record review, the facility failed to provide proof that unlicensed personnel that provided the residents with assistance of self-administered medications met the training requirements pursuant to Section 429.52(5) Florida Statutes for three (Staff C, Staff D, and Staff I) of three employee records reviewed for training in assistance with self-administered medications (Med Tech Training).

Findings included:

The Administrator was interviewed at 12:32 PM on and asked which staff members provided assistance with self-administered medications. The Administrator stated that Staff C, Staff D, and Staff I assisted the residents with self-administered medications.

A review of employee records conducted on for Staff C, Staff D, and Staff E showed no proof of required Med Tech Training.

The Administrator was interviewed at 1:29 PM on concerning the lack of proof of Med Tech Training in Staff C, Staff D, and Staff I's record and The Administrator was unable to provide proof of the training requirements.

Class III

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

Based on record review and interview, the facility failed to maintain an up-to-date admission and discharge log that listed the names of all residents, and included the reasons for discharge, and identification of the facility or home address to which the resident was discharged.

Findings included:

A review of the facility's admission and discharge log provided by the Administrator, conducted on , showed that Resident #3 was not listed . The admission and discharge log also showed 8 names of residents that were discharged in 2016 and 2017 without any indication of reasons why and where these individuals were discharged to.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968911	R 03/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF CLASS ASSISTED LIVING, LLC	**4701 FAIRLEA DR** **VALRICO, FL 33596**

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

An interview was conducted with the Administrator on at 2:10 PM and the omissions were discussed.

Class III

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

Based on record review and interview, the facility failed to provide proof of maintaining required 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 three (Resident #1, Resident #2, and Resident #3) of three residents sampled.

Findings included:

A review of resident records conducted on showed that Resident #1's and Resident #2's records were lacking demographic data sheets and residential contracts with the facility. There was no record provided for Resident #3.

The Administrator was interviewed at 2:12 PM on . The Administrator acknowledged the required documentation missing from Resident #1's and Resident #2's records and was unable to provide a record for Resident #3.

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 employees within the employee roster listed in the AHCA background screening clearinghouse (Employee Roster), within 10 business days of initial employment and 10 business days of termination of employment for five (Administrator, Staff D, Staff F, Staff G, and Staff H) of eleven employees sampled.

Findings included:

A review of employee records conducted on showed that Staff D had a date of hire of , Staff F was hired on 11/10/18, and Staff G was hired on . The Administrator was interviewed at 12:28 PM on and stated that Staff H left employment right after .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968911	R 03/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF CLASS ASSISTED LIVING, LLC	**4701 FAIRLEA DR VALRICO, FL 33596**

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

The Administrator had previously stated during a prior survey, in an interview conducted at 11:15 AM on , that they had a date of hire of .

A review of the Employee Roster conducted on revealed that the Administrator, Staff D, Staff F, Staff G, and Staff F were not listed on the roster.

The Administrator was interviewed at 10:35 AM on concerning the absence of the Administrator, Staff D, Staff F, Staff G, and Staff H from the Employee Roster. The Administrator acknowledged the omissions of these employees.

Unclassified

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

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

Findings included:

An interview was conducted with Staff A at 10:02 AM on and they stated that seven residents lived in the facility. Staff D was interviewed at 10:05 AM on and also stated that seven residents lived in the facility. Staff A accompanied the surveyors throughout the facility on a tour at 10:07 AM on to identify all seven residents by name.

The Administrator was interviewed at 10:27 AM on and stated that there were seven residents in the facility.

A review of the facility's license, effective , showed that they were licensed for a total capacity of six(photographic evidence obtained).

A review of the residents' medication observation records (MORs) for conducted on showed that Resident #3 was assisted with medications every day of the month at 8 AM and 8 PM (photographic evidence obtained), Resident #1 was assisted with medications at 8 AM and 8 PM every day, Resident #2 was assisted with medications every day at 6 AM, 12 PM, 6 PM and 9 PM, Resident #4 was assisted with medications every day at 6 AM, 8 AM and 8 PM, Resident #5 was assisted with medications every day at 8 AM, 12 PM, and 8 PM, Resident #6 was assisted with medications every day at 7 AM, 8 AM, 2 PM, and 9 PM, and Resident #7 was assisted with medications every day at 8 AM and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968911	R **03/26/2019**
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)

4 PM.

At 1:40 PM on , Staff D showed all medications for Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, and Resident #7. Staff D stated at that time that Resident #3 did in fact currently live at the facility and described the resident as "a late sleeper".

An exit conference was conducted with the Administrator beginning at 2 PM on and the facility's status of being overcapacity was discussed.

Unclassified