| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968026** | **04/01/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**LESLY LEISURE LIVING III** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**8080 NW 51ST STREET**<br>**LAUDERHILL, FL 33351** | |

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

**0000 - Initial Comments**

An unannounce abbreviated Relicensure survey was conducted on at Lesly Leisure Living III, License #12018. The facility had deficiencies identified at the time of the survey.

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

Based on observation, and interview, it was determined the facility failed to encourage residents to participate in activities and provide an ongoing activities program scheduled for at least 6 days totaling of not less than 12 hours a week for all (sampled residents 3 of 3) residing at the facility.

The findings included:

Review of the Activity Calendar on revealed that the activity calendar was posted on the wall. The Activity calendar did not show any numbered dates for the month reflecting that the same activities are provided each week without consulting with the residents about variety in the activities provided.

The activity calendar listed the following:

1) Monday Sitersize Ball Passing

2) Tuesday Card Games Coloring

3) Wednesday Sitersize Puzzles

4) Thursday Care Games Coloring

5) Friday Puzzles Ball Passing

6) Saturday Sittersize Movies and Popcorn

7) Sunday Ball Passing Sing Along

The surveyor observed between the hours of 9:30 AM thru 3:56 PM that there were no activities conducted.

During multiple interviews between 3:30 PM and 5:00 PM on with Resident's # 1 through # 3

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family members revealed that all family members stated that there are no activities conducted in the facility. Resident # 1's wife stated that the facility is very small and there is not much to do there. Resident # 1's daughter stated that her father likes to walk and no one takes him outside.

During an interview with the Assistant Administrator at 4:54 PM on he stated that they are going to work a little harder to create more activities to accommodate everyone. The Administrator acknowledged the findings and no additional information was provided.

Class III

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

Based on record review and an interview, the facility failed to ensure staff had submitted a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable dated within 30 days of hire, ( ) examination, and freedom from documented annually for 1 out of 3 sampled staff (Administrator).

The findings included:

On the personnel file for the Administrator was reviewed and it was revealed that the file did not contain a written statement from a health care provider indicating that the Administrator (date of hire noted as ) was free from communicable ( including a examination) and documented annually.

During interview with the Assistant Administrator, on at 4:54 PM the findings were discussed and acknowledged. No further information was provided for review.

Class III

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

Based on record review and interview, the facility failed to ensure that 2 out of 3 sampled staff (Staff B and Staff C) who provides direct care to residents had received the required 1-hour in-service training within 30 days of employment.

The findings include:

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a) A review of personnel file for Staff B hired on , who provides direct care to residents, revealed there was no documentation of the following required 1 -hour in-service training dated within 30 days of employment - Incident report training 1 - hour training.

b) A review of personnel file for Staff C hired on , who provide direct care to residents, revealed there was no documentation of the following required 1 - hour in- service training dated within 30 days of employment - Incident report training 1 - hour training.

During interview with the Assistant Administrator, on at 4:54 PM the findings were discussed and acknowledged. No further information was provided for review.

Class III

**0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC**

Based on interview and record Review, it was determined the facility failed to ensure that each staff member must contain an employment application with references as required for 1 out of 3 sampled staff records (Administrator).

The findings included:

An employee record review was conducted on /1019. No documentation of an application with references as required for the Administrator (hire date of ) was located in the file.

During an interview with the Assistant Administrator, on at 4:54 PM, he stated that the information was previously in the file and he is not sure why the information was not presently in the file. The Assistant Administrator confirmed the findings. No additional information was provided.

Class

**0200 - Emergency Environmental Control - 58A-5.036 FAC**

Based on interview and record review, the facility failed to provide evidence of the acquisition of sufficient fuel available for the alternate power source and notification in writing to each resident and the resident's legal representative upon submission of the plan to the local emergency management agency and upon final implementation of the plan.

The findings included:

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On at 11:24 AM, an interview was conducted with the Assistant Administrator. He stated that he did not acquire the fuel for the alternate power source. He also stated that he did not send out Notification letters in writing to the resident and resident's legal representative of submission and implementation of the plan..

The Assistant Administrator acknowledged the findings and no additional information was provided.

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 all employees within the Background Screening Clearinghouse for employment status 3 out of 3 staff members (Administrator, Staff B, and Staff C).

The findings included:

A review of the current facility's staff roster and staff schedule that was provided by the Assistant Administrator compared to the facility's Employee Roster on the Background Screening Clearinghouse revealed that all current staff members were not registered. The following Staff Members were not listed in the Clearinghouse:

1) Administrator Hire Date:

2) Staff B Hire Date:

3) Staff C Hire Date:

During an interview with the Assistant Administrator, on at 5:54 PM, he acknowledged the findings and provided no additional information.

Unclassified

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

Based on interview and record review, the facility failed to ensure all staff members had an Agency for Health Care (AHCA) Level II background screening conducted every 5 years, for 1 of 3 sampled staff

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files reviewed (Staff C).

The findings include:

On a record review of Staff C's employee file, hire date revealed a background screening in the file that showed eligible that showed expired. A review of Staff C's AHCA Level II Background Screening (BGS) on the BGS website revealed no background screening found on file.

During an interview with the Assistant Administrator on at 4:54 PM, he acknowledged the findings, no further documentation was provided at this time.

Unclassified