

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963791	(X3) DATE SURVEY COMPLETED 04/12/2019
NAME OF PROVIDER OR SUPPLIER WEINBERG VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625	

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

0000 - Initial Comments

An Abbreviated Biennial Re-Licensure survey with Extended Congregate Care (ECC) was conducted at Weinburg Village on Deficiencies were identified at the time of survey.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interviews, the facility failed to ensure that medications were stored in a locked cart or room at all times.

Findings included:

During a tour of the facility on, at 9:35am, a medication cart was observed, in an open residential corridor, unlocked and unattended. A few minutes later, Staff A emerged from a resident's room and began pushing the unlocked medication cart down the corridor towards the nurse's station on the first floor. At 9:40am, the Director of Nursing was made aware of the unlocked medication cart and also witnessed it being wheeled it into the nurse's station by Staff A. The Director of Nursing then stated that Staff A would receive a reminder about keeping medication carts locked.

At 9:50am, on the 2nd floor of the facility, Staff A was preparing to conduct a medication pass in front of Agency staff. Staff A then left the nurse's station and was observed, again, failing to lock the medication cart before leaving the room.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, interview and records review, the facility failed to ensure that when directions for medications changed, the medication labels were promptly revised or an alert affixed to the label to notify staff of the change, for 1 of 3 residents whose medications were observed (Resident #2).

Findings Included:

On at 10:10am, Staff A was observed assisting Resident #2 with medications. The directions, on the label of Resident #2's 40mg, stated to give 1 tablet by 2 times per day. The orders in the resident's medication observation record said to give 40mg to the resident only 1 time per day. When Staff A was questioned about the discrepancy in the medication directions, Staff A

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963791	(X3) DATE SURVEY COMPLETED 04/12/2019
---------------------------	---	---

NAME OF PROVIDER OR SUPPLIER WEINBERG VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625
---	--

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

contacted the Director of Nursing for guidance and the Director of Nursing came to the nurses' station to investigate.

At 10:15am, the Director of Nursing stated that the medication observation record always had the latest orders, so it was correct. The Director of Nursing then affixed an alert on the medication package label that said "change of directions". The Director of Nursing stated that the orders had changed on , more than 2 months prior.

Class III

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

Based on records review and interview, the facility failed to ensure that within 30 days after beginning employment, newly hired staff provide a written statement from a health care provider documenting that the individual does not have signs or symptoms of communicable for 2 of 3 staff whose records were reviewed (Staff B and Staff D).

Findings Included:

A review of Staff B's records was conducted on The records indicated that Staff B began employment with the facility on Staff B's records had no statement from a health care provider that Staff B had no signs or symptoms of a communicable

A review of Staff D's records was conducted on The records indicated that Staff D began employment with the facility on Staff D's records had no statement from a health care provider that Staff D had no signs or symptoms of a communicable

In an interview with the Human Resources Manager at 3:15pm, the Human Resources Manager was not sure why the documents were missing from Staff B and Staff D's records, and went to go look for them. At 4:45pm in an interview with the Human Resources Manager could provide no further information on why the documents were missing.

Class III

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

Based on records review and interview, the facility failed to ensure that direct care staff were provided with required in-service training within 30 days of the beginning of employment, for 1 of 3 staff members

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/26/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963791	(X3) DATE SURVEY COMPLETED 04/12/2019
NAME OF PROVIDER OR SUPPLIER WEINBERG VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
whose records were reviewed (Staff B). Findings Included: A review of Staff B's records was conducted on The records indicated that Staff B was first employed by the facility on The facility's staffing roster described Staff B's position as "certified nursing assistant". Staff B's records did not contain any training certificates for the following required training (within 30 days of employment): the facility's elopement response policies, reporting adverse incidents, the facility's emergency procedures, and safe food handling practices. An interview with the Human Resources Manager was conducted at 3:15pm on The Human Resources Manager was aware of the fact that Staff B had not had the required training and stated they were behind with training and needed to get caught up. Class III 0082 - Training - / - 58A-5.0191(4) FAC Based on records review and interview, the facility failed to ensure that all facility employees providing care to residents, receive a one-time education course on (/ . . .), within 30 days of employment, for 1 of 3 staff whose records were reviewed (Staff B). Findings Included: A review of Staff B's record was conducted on The record revealed that Staff B provided care assistance to residents and that Staff B began employment with the facility on There was no evidence in Staff B's record of having taken an educational course on / In an interview with the Human Resources Manager at 3:15pm, the Human Resources Manager stated that the facility was behind on ensuring Staff B's training and it was very likely that Staff B had not taken the / . . . training. Class III 0083 - Training - First Aid and - 58A-5.0191(5) FAC Based on records review and interview, the facility failed to ensure that there were staff that had		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/26/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963791	(X3) DATE SURVEY COMPLETED 04/12/2019
NAME OF PROVIDER OR SUPPLIER WEINBERG VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
completed courses in First Aid and () and who currently held valid cards documenting such courses were in the facility at all times, for 2 of 3 staff records reviewed (Staff C and Staff D). Findings Included: Based on an interview at 9:30am with the Human Resources Manager, the facility employed nurses and scheduled them 7 days per week from the hours of 7:00am to around 9:00pm. They do not schedule nurses on the overnight hours from around 9:00pm to 7:00am in the morning. A review of Staff C's record was conducted on . Staff C's record showed a job description as a resident care assistant and Staff C's name was on the staffing schedule for the evening shift (hours 3:00pm - 11pm) on , and . Based on the hours the facility schedules nurses to be in the facility, there would be a possibility that Staff C could be working when there was not a nurse on duty. Staff C's record did not contain any indication of having taken a First Aid course. A review of Staff D's record was conducted on . The facility's staffing roster showed Staff D with a job title of resident care assistant. The staffing schedule showed that Staff D was scheduled to work on the night shift, from 11:00pm to 7:00am on and , during the hours when no nurses would be scheduled to work in the facility. Staff D's record did not contain any evidence of having taken a First Aid course or a course. An interview with the Human Resources Manager was conducted at 3:15pm on . The Human Resources Manager was not able to provide evidence that Staff C had taken a course in First Aid and Staff D had taken a course in and First Aid. The Human Resources Manager provided no evidence that the facility had someone in the facility at all times with First Aid and training. An interview at 4:45pm with the Human Resources Manager and the Administrator offered no further information. Class III 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS Based on records review and interview, the facility failed to ensure that all direct care staff, who assist residents with medication self-administration, received training on medication assistance, and medication training updates on an annual basis, for 2 of 2 employee who assist with medication self administration whose records were reviewed (Staff B and Staff).		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/26/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963791	(X3) DATE SURVEY COMPLETED 04/12/2019
NAME OF PROVIDER OR SUPPLIER WEINBERG VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Findings Included: A review of Staff B's record was conducted on The record showed that Staff B began employment with the facility on Staff B's name appeared on the facility's direct care staffing schedule as the Medication Technician for the day shift on and Staff B's record revealed a training certificate for 6 hours of Medication Assistance training on There were no certificates in Staff B's record for any further training updates in the area of Medication Assistance. A review of Staff C's record was conducted on The record showed that Staff C began employment with the facility on Staff C's record revealed a job description of "Medication Assistant". Staff C's record had no certificates or evidence for any training at all in the area of Medication Assistance. An interview with the Human Resources Manager at 3:15pm on was conducted and the Human Resources Manager was not able to explain why Staff B and Staff C did not have the required Medication Assistance training certificates in their records. At 4:45pm the facility had no further information on the subject. Class III 0086 - Training - ADRD - 58A-5.0191(10) FAC Based on record review and interview, a facility that maintains a secured unit for persons with and Related (ADRD), failed to ensure that staff who interact with residents with ADRD receive 4 hours of initial training on ADRD training within 3 months of employment for 1 of 3 staff members whose records were reviewed (Staff B). Findings Included: A review a Staff B's record was conducted on The record indicated that Staff B began employment with the facility on Staff B's records contained no evidence of receiving training on ADRD. In an interview with the Human Resources Manager at 3:15 on, the Human Resources Manager acknowledged that he facility had a secured unit for persons with ADRD and there was no ADRD training certificates in Staff B's record. The Human Resources Manager stated that the facility was behind in making sure that Staff B received all the required training.		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963791	(X3) DATE SURVEY COMPLETED 04/12/2019
NAME OF PROVIDER OR SUPPLIER WEINBERG VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Class III 0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC Based on records review and interview, the facility, with a residential capacity of over 17 residents, failed to provide a job description for a staff member in the staff member's records, for 1 of 3 staff whose records were reviewed (Staff D). Findings Included: A review of Staff D's records was conducted on . Staff D's records indicated that Staff D began employment on . The facility's Staffing Roster describe's Staff D's position as "Resident Care Assistant". There was no job description included in Staff D's record indicating what Staff D's duties would be. In an interview with the Human Resources Manager at 3:15pm on , the Human Resources Manager was not certain why Staff D's job description was missing from the record. At 4:45, in an interview the same day, the Human Resources Manager could provide no further information on the subject. Class III. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on records review and interview, the facility failed prepare a Comprehensive Emergency Plan (CEMP) and submit the plan to the local emergency management agency for approval. Findings Included: A review of the facility's CEMP on . revealed no evidence that the facility had submitted their CEMP to the local emergency management agency for approval. There was no approval letter from the agency in the record. In an interview with the Administrator at 12:30pm on , the Administrator was not sure if the plan had been sent in to the local emergency management agency, or not, and was checking on it. At 5:00pm the same day, there was no further information regarding any submittal or approval of the CEMP.		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963791	(X3) DATE SURVEY COMPLETED 04/12/2019
NAME OF PROVIDER OR SUPPLIER WEINBERG VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on record review and interview, the facility failed to notify each resident, or resident's representative, in writing of the implementation of the facility's emergency power plan. Findings Included: A review on _____ of the facility's emergency power plan, was conducted and the review revealed that the facility had obtained approval by the local emergency management agency and had implemented the plan on _____. There was no documentation available indicating the residents of the facility and their responsible parties were notified of the plan implementation. In an interview with the Administrator at 12:30pm the same day, the Administrator stated the facility had not notified the residents or their representatives, in writing, of the emergency power plan implementation. Class III 2816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3) Based on records review and interview, the facility failed to ensure that AHCA Form 3100-0008, Attestation of Compliance with Background Screening Requirements (Attestation of Compliance), was completed by the all direct care staff members and retained by the facility upon hire to attest that staff meet the requirements for qualifying for employment, and agree to inform the employer immediately if _____ for any disqualifying offense for 1 of 3 direct care staff whose records were reviewed (Staff B). Findings Included: A record review of Staff B's records on _____ revealed that an Attestation of Compliance was not included in the records. In an interview with the Human Resources Manager at 2:30pm that day, the Human Resources Manager stated that there could be quite a few required documents missing from Staff B's records.		

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/26/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963791	(X3) DATE SURVEY COMPLETED 04/12/2019
NAME OF PROVIDER OR SUPPLIER WEINBERG VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Unclassified		