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	AL11910781	**04/25/2019**
NAME OF PROVIDER OR SUPPLIER **TYRONE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2192 74TH STREET, NORTH SAINT PETERSBURG, FL 33710**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

A complaint investigation (complaint numbers 2019003016 and 2019006088) was conducted at Tyrone Manor (Assisted Living Facility) on . Deficiencies were identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to ensure that documentation of a -to- medical examination by a health care provider (Agency for Health Care Administration form AHCA 1823) was completed to determine if the resident was appropriate for continued residency in the assisted living facility, including assessment as to whether they posed a danger to themselves or others for 1 (Resident #2) of 6 sampled residents.

Findings included:

During an interview conducted on at 9:30am, Resident #1 stated they had been hit in the by their roomate (Resdient #2).

A review of Resident #2's record revealed an admission date of . The record did not contain documentation of a -to- medical examination by a health care provider (AHCA 1823 form) to determine if the resident was appropriate for residency in the assisted living facility including whether the resident posed a danger to himself or other residents.

During an interview conducted on at 10:08am, Staff A confirmed the lack of documentation of a -to- medical examination by a health care provider (AHCA 1823 form). Staff A stated "I'm not sure (Resident #2) has an 1823."

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to ensure they had sufficient qualified staff, with all required trainings and background screening to provide services and oversight and ensure the safety and well-being of all six residents of the facility (Residents #1-#6). In addition, the facility failed to document and implement interventions after a physical altercation between two residents (Resident #1 and Resident #2). This failure placed all residents in the facility in immediate danger.

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Findings included:

During an interview conducted on at 9:30 am, Resident #1 reported Resident #2 struck him in the . Resident #1 stated "My roommate (Resident #2) hit me once, about a month ago in the ." "I called 911 and told my caseworker." "I filed a police report."

During an interview conducted on at 9:45 am, Resident #3 confirmed that the police had been called to the facility because of an altercation between Resident #1 and Resident #2. Resident #3 stated they heard about the fight between Resident #1 and Resident #2 and "I saw the cops here."

During an interview conducted on at 1:15pm, Resident #4 confirmed that the police had been called to the facility because of an altercation between Resident #1 and Resident #2. Resident #4 stated "No I didn't see it, but (Resident #1 and Resident #2) got into a fight." "I saw the police here."

A record review conducted on for Resident #1 revealed no documentation of Resident # 2 hitting Resident #1. In addition, there was no documentation of an incident report being completed, health care provider, family, caseworker or Power of Attorney being notified or any interventions to prevent additional incidents or physical altercations.

A record review conducted on for Resident #2 revealed no documentation of Resident #2 hitting Resident #1. In addition there was no documentation of an incident report being completed, health care provider, family or Power of Attorney being notified or any intervention to prevent future incidents or physical altercations.

A record review was conducted on for Staff A with a date of hire of . On the date of survey, Staff A was the sole live-in caregiver for the residents. Staff A's record revealed no documentation of having received Residents Rights training, Incident Reports training and and Neglect training. In addition, the record revealed no documentation of Staff A having an eligible level II background screening.

Continued record review for Staff A revealed documentation of having received training on assistance with self-administration of medication on .

During an interview conducted on at 9:20 am, Staff A confirmed the lack of documentation of having received Residents Rights training, Incident Reports training and and Neglect training. Staff A stated "If it isn't in my file, no."

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During an additional interview conducted on at 1:49pm, Staff A confirmed she started assisting residents with self-administration of medication upon hire on . Staff A also confirmed the medication observation records (MORs) were not accurate or up-to-date as to each time the medications were provided for Resident #3 and #5. Staff A stated "I was not trained properly by (Staff G)." "I went to Medication training on ."

During an interview conducted by phone on at 12:25pm, Staff G who was responsible for the day-to-day operations of the facility, confirmed the lack of an incident report or any documentation being completed for the altercation between Resident #1 and Resident #2.

During an interview conducted on at 11:29 am, Staff A confirmed that they did not have an eligible level II background screening. Staff A stated "No I don't think so." When asked if she would likely be able to obtain an eligible background screening, Staff A reported she had a potentially disqualifying .

During continued interview on beginning at 11:30 am, Staff A was asked about the other staff listed on the facility's employee roster or any other staff available. Staff A stated the others listed on the roster no longer worked at the facility and stated "I'm the only worker."

When asked about the administrator of record (mother of Staff G), Staff A stated that the administrator was no longer physically capable of working in and running the facility and stopped working at the facility about a month prior.

During survey on //2019, multiple requests were made for the facility's staff schedule. No schedule was produced or available for review.

Class I

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

Based on observation, interview and record review, the facility failed to provide all six of the current facility residents with a safe and decent living environment, free of and hazards and exposure to staff with disqualifying criminal history and failed to ensure residents were treated with consideration and respect for 6 (Residents #1-#6) of 6 sampled residents. In addition, the facility failed to have the use of a half-bedrail reviewed by the residents' physician annually for 1 (Resident #6) of 6 sampled

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residents.

Findings included:

A record review conducted on of a Complaint/ Affidavit, revealed that Staff G had a disqualifying felony for the of a person, domestic related and battery: aggravated domestic related on .
(photographic evidence obtained)

During an interview conducted on at 9:30 am, Resident #1 stated they don't feel safe at the facility and they are not treated well. Resident #1 stated they "can't complain I will be kicked out." I know (Staff G) will throw me out." "(Staff G) already said to me 'you think this is bad just wait to see where I put you'."

During an interview conducted on at 9:45 am, Resident #3 stated he does not feel safe at the facility and is not treated well. Resident #3 stated "I don't feel safe here, (Staff G) was just and in jail and is out on bond." "When he (Staff G) drinks , he gets violent and has swung on me several times trying to hit me, but I'm too fast for him and I dodge him."

During an interview conducted on at 10:23 am, Resident #6 "(Staff G) has a very short temper." "(Staff G) yells at me a lot, calls me 'crazy for coco puffs' and I've been told he drinks a lot. "

A tour conducted on at 9:00 am, revealed Resident #6 was lying in a hospital bed with two half-bed rails up.
(photographic evidence obtained)

During an interview conducted on at 10:23 am, Resident #6 confirmed that they were not able to lower the side rails on his bed. Resident #6 stated "I can't lower the side rails."

A record review for Resident #6 conducted on , revealed no documentation of a health care provider reviewing the use of the annually.

During an interview conducted on at 11:58 am, Staff A confirmed that lack of documentation of a health care provider reviewing the use of the annually in Resident #6's record. Staff A stated "I'm not aware of any Doctor's order for the side rails."

A tour of the facility conducted on at 9:00 am, revealed the following:

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Kitchen: the refrigerator had a hose coming from the side into a pan with liquid in it.
Bathroom 3: the soap holder in the bathtub was broken off and there was a gaping hole around the shower .
: Leak in the ceiling, what appeared to be some type of animal droppings or feces and a cracked window.
(photographic evidence obtained)

During an interview conducted on at 9:45 am, Resident #3 stated "We have roaches and mice, and there are rodent droppings all over the place."

During an interview conducted on at 9:30 am, Resident #1 reported Resident #2 struck him in the . Resident #1 stated "My roommate (Resident #2) hit me once, about a month ago in the ." "I called 911 and told my caseworker." "I filed a police report."

During an interview conducted on at 9:45 am, Resident #3 confirmed that the police had been called to the facility because of an altercation between Resident #1 and Resident #2. Resident #3 stated they heard about the fight between Resident #1 and Resident #2 and "I saw the cops here."

During an interview conducted on at 1:15pm, Resident #4 confirmed that the police had been called to the facility because of an altercation between Resident #1 and Resident #2. Resident #4 stated "No I didn't see it, but (Resident #1 and Resident #2) got into a fight." "I saw the police here."

During an interview conducted on at 11:29 am, Staff A confirmed that they did not have an eligible level II background screening. Staff A stated "No I don't think so." When asked if she would likely be able to obtain an eligible background screening, Staff A reported she had a potentially disqualifying .

During continued interview on beginning at 11:30 am, Staff A was asked about any other staff available to work at the facility due to Staff A and Staff G both having disqualifying . Staff A stated "I'm the only worker."

Class I

0054 - Medication - Records - 58A-5.0185(5) FAC

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Based on record review and interview, the facility failed to maintain accurate and up-to-date Medication Observation Records (MORs) that reflected each time the medications were provided to the residents for 2 (Resident #3 and #5) of 2 residents sampled who received assistance with self-administration of medication.

Findings included:

A record review conducted on of Resident #3's MORs, revealed that the prescribed medications were not documented on the MOR as given from to .
(photographic evidence obtained)

A record review conducted on of Resident #5's MORs, revealed that the prescribed medications were not documented on the MOR as given from to .

During an interview conducted on at 1:49pm, Staff A confirmed that MORs were not accurate and up-to-date as to each time the medications were provided for Resident #3 and #5. Staff A stated "I was not trained properly by (Staff G.)" "I went to Medication Technician training on ."

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on observation, interview and record review, the facility failed to have a qualified Administrator actively involved in supervising and providing oversight of the facility, including ensuring residents were cared for by qualified staff and the provision of appropriate care and oversight in a safe environment for six of six residents (Residents #1-#6).

Findings included:

A record review conducted on of a Complaint/ Affidavit, revealed that the Staff G, who was currently responsible for the day-to-day operations of the facility, had a felony for the of a person domestic related and battery: aggravated domestic.
(photographic evidence obtained)

A record review of the Agency for Health Care Administration (AHCA) Clearinghouse Employee Facility Roster, conducted on , revealed that the Staff G was found not eligible on due to a disqualifying offense.

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(photographic evidence obtained)

A record review conducted on for Staff A with a date of hire of and who was the sole live in caregiver for the residents, revealed no documentation of having an eligible level II background screening. Continued record review revealed no documentation of having received Residents Rights training, Incident Reports training and and Neglect training.

Continued record review on for Staff A with a date of hire of revealed documentation of having training assistance with self-administration of medication on , however Staff A had been assisting the Residents with Assistance with Self-Administration of Medications since Staff A was hired on .

During an interview conducted on at 1:49pm, Staff A confirmed that the Medication Observation Records (MORs) were not accurate and up-to-date for each time the medications were provided for Resident #3 and #5. Staff A stated "I was not trained properly." "I went to Medication Technician training on ."

During an interview conducted on at 11:29 am, Staff A confirmed that they did not have an eligible level II background screening. Staff A stated "No I don't think so." Staff A indicated Staff G was to arrange that.

Review of the AHCA Background Screening Clearinghouse Roster Website revealed that Staff G who is responsible for the day-to-day operations of the facility had an AHCA Provider/Facility Licensure determination of not eligible on due to a disqualifying offense and that Staff A was not listed on the roster for the facility and further review of the AHCA Background Screening Clearinghouse Roster Website revealed Staff A did not have a level II background screening.
(photographic evidence obtained)

During an interview conducted on at 9:45 am, Resident #3 confirmed that the Administrator of record was not running the facility. Resident #3 stated "The old administrator is in her 90's and can't do much of anything." "Basically (Staff G) is the Administrator."

During continued interview on beginning at 11:30 am, Staff A was asked about the other staff listed on the facility's employee roster or any other staff available. Staff A stated the others listed on the roster no longer worked at the facility and stated "I'm the only worker."

During survey on //2019, multiple requests were made for the facility's staff schedule. No schedule

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was produced or available for review.

During entrance into the facility conducted on at 8:45 am, the following was observed: debris piled up in the side yard against the shed and side of the house and rotting wood supporting the front porch.
(photographic evidence obtained)

A tour of the facility conducted on at 9:00 am, revealed the following:
Kitchen: the refrigerator had a hose coming from the side into a pan with liquid in it.
Bathroom 3: the soap holder in the bathtub was broken off and a hole around the shower .
: Leak in the ceiling, what appeared to be some type of animal droppings or feces and a cracked window.
(photographic evidence obtained)

A record review of the Department of Health Inspection conducted on , revealed that the facility received an unsatisfactory report.
(photographic evidence obtained)

During an interview conducted on at 12:25pm, Staff G confirmed that the facility needed repairs, pest control services and the debris removed. Staff G stated I didn't know about the broken window." Yeah I definitely have to get that fixed."

Class I

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation, record review and interview the facility failed to maintain a safe and hazard-free living environment, free of pests and with structures and systems operational. These failures placed all six current residents of the facility at direct risk of harm.

Findings included:

Entrance into the facility conducted on at 8:45am, revealed debris piled up in the side yard against the shed and side of the house and rotting wood supporting the front porch.
(photographic evidence obtained)

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A tour of the facility conducted on at 9:00am, revealed the following:
Kitchen: the refrigerator had a hose coming from the side into a pan with liquid in it.
Bathroom 3: the soap holder in the bathtub was broken off and there was a gaping hole around the shower , .
: There was a leak in the ceiling, along with what appeared to be some type of animal droppings or feces and a cracked window.
(photographic evidence obtained)

A record review of the Department of Health Inspection conducted on , revealed that the facility received an unsatisfactory inspection, with many of the above concerns noted in the report.
(photographic evidence obtained)

During an interview conducted on at 9:45am, Resident #3 stated "We have roaches and mice, and there are rodent droppings all over the place."

During an interview conducted on at 12:25pm, Staff G who is responsible for the day-to-day operations of the facility confirmed that the facility needed repairs, pest control services and needed the debris removed.
Staff G stated ." I didn't know about the broken window."

Class II

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 Agency for Health Care Administration (AHCA) Background Screening Clearinghouse Roster within 10 business days for 5 (Staff A, B, C, D, and E) of 5 employees selected for record review.

Findings included:

Review of the AHCA Background Screening Clearinghouse Roster Agency Website revealed that Staff A, hired as the live in caregiver and the sole provider of care to the residents with a date of hire of , was not listed on the roster for the facility. Staff B hired as caregiver with a hire date of , Staff C hired as a caregiver with a hire date of , Staff D hired as a caregiver with a hire date of , and Staff E hired as a caregiver with a hire date of who are no longer employed at the facility, were on the roster with no date of their termination.

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(photographic evidence obtained)

During an interview conducted on at 9:20am, Staff A hired as the live in caregiver and the sole provider of care for the residents, confirmed that she is the only staff working at the facility and that Staff B, C, D and E no longer work at the facility. Staff A stated "They don't work here now." "I'm the only worker."

During an interview conducted on at 12:25pm, Staff G, who is responsible for the day-to-day operations of the facility confirmed that the AHCA Background Screening Clearinghouse Roster was not up-to-date. Staff G stated "No I didn't update it yet."

During an interview conducted on at 12:25pm, Staff G who is responsible for the day-to-day operations of the facility confirmed that Staff A was the only employee of the facility. Staff G stated "Right now she is the main staff person."

Unclassified

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

Based on record review and interview, the facility failed to ensure 2 (Staff A and Staff G) of 2 employee records reviewed had eligible level II background screenings at the time of their hire date.

Findings included:

Review of the Agency for Health Care Administration (AHCA) Background Screening Clearinghouse Roster Website revealed that Staff G who is responsible for the day-to-day operations of the facility had an AHCA Provider/Facility Licensure determination of not eligible on due to a disqualifying offense and that Staff A was not listed on the roster for the facility. Further review of the AHCA Background Screening Clearinghouse Roster Website revealed Staff A did not have a level II background screening.
(photographic evidence obtained)

A record review conducted on of a Affidavit from a local law enforcement agency revealed that Staff G who is responsible for the day-to-day operations of the facility had a felony for the of a person, domestic related and battery: aggravated domestic related on

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(photographic evidence obtained)

An employee record review conducted on for Staff A with a date of hire of and who is the sole live in caregiver for the residents, revealed no documentation of having an eligible level II background screening.

During an interview conducted on at 12:25pm, Staff G confirmed that Staff A was the only employee of the facility. Staff G stated "Right now she is the main staff person."

During an interview conducted on at 9:20am, Staff A hired as the live in caregiver and the sole provider of care for the residents, confirmed that they are the only staff working at the facility. Staff A stated "I'm the only worker."

During an interview conducted on at 12:25pm, Staff G confirmed that Staff A did not have an eligible level II background screening. Staff G stated "Oh no we haven't done the background screening yet."

During an interview conducted on at 11:29am, Staff A acknowledged and confirmed that they did not have an eligible level II background screening. Staff A stated "No I don't think so."

During an interview conducted on at 12:25pm, Staff G confirmed that they had a disqualifying offense which made them not eligible for a level II background screening. Staff G stated "No I had an issue."

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview the facility failed to ensure 1 (Staff A) of 1 employee files reviewed had a signed Attestation of Compliance with the Background Screening Requirements form present in their employee files.

Findings included:

An employee record review conducted on for Staff A, revealed no documentation of a signed Attestation of Compliance with the Background Screening Requirement form in the employee file.

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During an interview conducted on at 12:25pm, Staff G who is responsible for the day-to-day operations of the facility, confirmed the lack of documentation of a signed Attestation of Compliance with the Background Screening Requirement form in Staff A's employee file. Staff G stated "I don't have that form."

Unclassified