STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969367	**04/17/2019**
NAME OF PROVIDER OR SUPPLIER **ISAIAH ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3049 WILEY AVENUE** **MIMS, FL 32754**	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) monitoring visit was conducted at Isaiah Assisted Living on , , . Deficiencies were identified at the time of the visit.

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

Based on record reviews and interview, the facility failed to develop written policies and procedures that addressed reporting resident , neglect, and , .

Findings:

On at 12:05 p.m. a request was made to review the facility's policies and procedures that addressed reporting resident , neglect, and , .

At 12:13 p.m. the administrator provided a policy on resident however, the policy was that of another facility. She confirmed and said this was the policy she used to train the staff.

Photographic evidence obtained.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure 3 of 4 staff (administrator, A, and C) submitted a written statement from a health care provider documenting freedom from communicable within 30 days after beginning employment.

Findings:

1. The administrator was hired on . Her personnel record did not contain a written statement from a health care provider documenting freedom from communicable .

2. On at 11:30 a.m. the administrator said caregiver A was hired in and said she was unable to provide a personnel record or a written statement from a health care provider documenting freedom from communicable for the caregiver.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969367	04/17/2019
NAME OF PROVIDER OR SUPPLIER **ISAIAH ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3049 WILEY AVENUE** **MIMS, FL 32754**	

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

3. Caregiver C was hired on . Her personnel record contained an undated written statement documenting freedom from communicable however, the examiner was a chiropractor which is not an approved health care provider to meet the requirement.

At 11:55 a.m. the administrator confirmed the findings.

Photographic evidence obtained.

Class III

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

Based on observation, personnel record reviews, and interview, the facility failed to ensure that 3 of 3 sampled staff (A, B, and C) received the required in-service training as described in 58A-5.0191( ) FAC.

Findings:

On at 9:15 a.m. caregivers A and B were both in the facility providing resident care.

At 11:30 a.m. the administrator said caregiver A, a certified nursing assistant, was hired in and caregiver B was hired on , said she was unable to provide a personnel record for either caregiver, and was unable to provide documented evidence to indicate either caregiver was provided a preservice orientation of at least 2 hours. In addition, she was unable to provide documented evidence to indicate caregiver B received a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures.

There was also no documented evidence to indicate caregiver A received in-service training regarding the facility's resident elopement response policies and procedures, a minimum of 1 hour in-service training on reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, a minimum of 1 hour in-service training that covered resident rights in an assisted living facility and recognizing and reporting resident , neglect, and , and a minimum of 1 hour in-service training in safe food handling practices.

Caregiver C was hired on . Her personnel record did not contain documented evidence to indicate she was provided a preservice orientation of at least 2 hours. Her record contained a certificate of training, dated , on the topic of resident .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969367	**04/17/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ISAIAH ASSISTED LIVING LLC	**3049 WILEY AVENUE** **MIMS, FL 32754**

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

At 12:05 p.m. a request was made to review the facility's policies and procedures on reporting resident , neglect, and , . At 12:13 p.m. the administrator provided a policy however, it was for another facility and she said it was the policy she used to provide the staff training. Therefore, the training received by caregiver C on did not meet the requirements because the facility did not use its own policy to give the training.

There was no documented evidence to indicate any of the sampled staff were core trained and none to indicate caregivers B and C were nurses, certified nursing assistants, or home health aides.

At 12:30 p.m. the administrator confirmed the findings.

Class III

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

Based on observations, personnel record reviews, and interview, the facility failed to ensure 1 of 3 sampled staff (A) completed a one-time education course on , ( ) and ( ) within 30 days of employment.

Findings:

On at 9:15 a.m. caregiver A was present in the facility providing resident care.

At 11:30 a.m. the administrator said caregiver A was hired in , said she was unable to provide a personnel record for the caregiver, and unable to provide documented evidence to indicate the caregiver completed a one-time education course on and , as required.

Class III

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

Based on observation, record reviews, and interview, the facility failed to ensure a staff member who held a current valid , , ( ) and first aid card was in the facility at all times.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969367	04/17/2019
NAME OF PROVIDER OR SUPPLIER **ISAIAH ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3049 WILEY AVENUE** **MIMS, FL 32754**	

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

On at 9:15 a.m. caregivers A and B were the only staff present in the facility. The administrator arrived to the facility at 9:45 a.m.

At 11:30 a.m. the administrator said caregiver A was hired in and caregiver B was hired on , said she was unable to provide a personnel record for either caregiver, and was unable to provide documented evidence to indicate either caregiver held a valid and first aid card.

Review of the staffing schedule revealed that caregiver A worked from 7 a.m. - 7 p.m. and caregiver B worked from 8 a.m. - 2 p.m. on therefore, the facility did not have a staff member who held a current valid and first aid card in the facility during those times.

Photographic evidence obtained.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure 2 of 3 unlicensed staff (A and B) who assisted with self-administered medications completed the initial training.

Findings:

On at 11:30 a.m. the administrator said caregiver A was hired in and caregiver B was hired on , said she was unable to provide a personnel record for either caregiver, and was unable to provide documented evidence to indicate either caregiver received at least 6 hours of initial training on assisting with self-administered medications, although she said both caregivers assisted residents with their medications.

At 12:30 p.m. both caregivers A and B said they assisted residents with medications.

Review of resident #1's , Medication Observation Record (MOR) revealed both caregivers initials were documented to indicate they assisted the resident with medications.

At 12:45 p.m. the administrator confirmed the findings.

Photographic evidence obtained.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969367	04/17/2019
NAME OF PROVIDER OR SUPPLIER **ISAIAH ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3049 WILEY AVENUE** **MIMS, FL 32754**	

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

Class III

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

Based on observation, personnel record reviews, and interview, the facility failed to ensure 1 of 3 direct care staff (A) received at least one hour of training in the facility's policy and procedures regarding ( ) that included information in Rule 58A-5.0186, F.A.C.

Findings:

On at 9:15 a.m. caregiver A was in the facility providing resident care.

On at 11:30 a.m. the administrator said caregiver A was hired in , said she was unable to provide a personnel record for the caregiver, and was unable to provide documented evidence to indicate the caregiver received at least one hour of training in the facility's policy and procedures regarding , as required.

Class III

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

Based on observation, personnel record reviews, and interview, the facility failed to maintain a personnel record and a copy of the employment application with references furnished for 2 of 4 sampled staff (A and B.)

Findings:

On at 9:15 a.m. both caregivers A and B were in the facility providing resident care.

At 11:30 a.m. the administrator said caregiver A was hired in and caregiver B was hired on and said she was unable to provide a personnel record and application with furnished references for either caregiver.

Class

E210 - ECC - Training - 58A-5.0191(8) FAC

Based on observation, personnel record reviews, and interview, the facility failed to ensure 2 of 3 direct

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969367	**04/17/2019**
NAME OF PROVIDER OR SUPPLIER **ISAIAH ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3049 WILEY AVENUE** **MIMS, FL 32754**	

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

care staff (A and C) completed at least 2 hours of in-service training within 6 months of beginning employment in the facility that addressed Extended Congregate Care (ECC) concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility.

Findings:

The facility holds an ECC license.

On . . . . at 9:15 a.m. caregiver A was in the facility providing resident care. At 11:30 a.m. the administrator said the caregiver was hired in . , said she was unable to provide a personnel record, and was unable to provide documented evidence to indicate the caregiver completed at least 2 hours of ECC in-service training.

Caregiver C was hired on . Her personnel record did not contain documented evidence to indicate she completed at least 2 hours of ECC in-service training.

At 12:15 p.m. the administrator confirmed the findings.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on observation, personnel record reviews, and interview, the facility failed to ensure 3 of 4 staff (administrator, A, and C) received a minimum of 6 hours of specialized training, provided or approved by the Department of Children and Families, in working with individuals with mental health diagnoses within 6 months of employment.

Findings:

The facility holds a Limited Mental Health license.

On . . . . at 9:15 a.m. caregiver A was in the facility providing resident care.

At 11:30 a.m. the administrator said caregiver A was hired in . . . . . , said she was unable to provide a personnel record for the caregiver, and was unable to provide documented evidence to indicate the caregiver received a minimum of 6 hours of specialized training in working with individuals

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969367	**04/17/2019**
NAME OF PROVIDER OR SUPPLIER **ISAIAH ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3049 WILEY AVENUE** **MIMS, FL 32754**	

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

with mental health diagnoses.

The administrator was hired on .

Caregiver C was hired on .

The administrator's and caregiver C's personnel record did not contain documented evidence to indicate either one received the required training either.

At 12:45 p.m. the administrator confirmed the findings and said she did not know the training was required.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on personnel record reviews, review of the Agency's background screening website and interview, the facility failed to maintain the current eligibility results of a background screening in the personnel record for 2 of 3 staff (administrator and A) who was in a role that required a background screening.

Findings:

On at 9:15 a.m. caregiver A was in the facility providing resident care.

At 11:30 a.m. the administrator said caregiver A was hired in and said she was unable to provide a personnel record and an eligible background screening for the caregiver.

The administrator was hired on . Her personnel record contained an eligible background screening dated however, review of the Agency's background screening website on at 11:25 a.m. revealed her current eligible screening was dated . The current results should have been maintained in her personnel record.

Review of the Agency's background screening website at 12:48 p.m. revealed caregiver A's eligible background screening was dated . The current results should have been maintained in a personnel record.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969367	04/17/2019
NAME OF PROVIDER OR SUPPLIER **ISAIAH ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3049 WILEY AVENUE** **MIMS, FL 32754**	

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

At 1 p.m. the administrator confirmed the findings.

Unclassified

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observations, review of the facility's online background clearinghouse employee roster, review of the Agency's background screening website, personnel record reviews, and interview, the facility failed to update the employment status for 3 of 4 sampled staff (administrator, A, and B) within 10 business days of a change.

Findings:

On at 9:15 a.m. caregivers A and B were present in the facility providing resident care.

The staffing schedule revealed caregiver A works from 7 a.m. to 7 p.m. and caregiver B works from 8 a.m. to 2 p.m.

The administrator was hired on .

A review of the facility's online background clearinghouse employee roster at 11:20 a.m. revealed the administrator and caregivers A and B were not listed, as required.

At 11:30 a.m. the administrator said caregiver A was hired in and caregiver B was hired on , said she was unable to provide a personnel record for either caregiver, and confirmed she and the caregivers were not listed on the employee roster.

Review of the Agency's background screening website at 12:48 p.m. revealed caregiver A's eligible background screening was dated and caregiver B's was dated .

Photographic evidence obtained.

Unclassified

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

Based on observation, personnel record reviews, and interview, the facility failed to ensure 2 of 4 staff (A and B) completed An Attestation of Compliance with Background Screening Requirements.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969367	**04/17/2019**
NAME OF PROVIDER OR SUPPLIER **ISAIAH ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3049 WILEY AVENUE** **MIMS, FL 32754**	

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

Findings:

On [redacted] at 9:15 a.m. caregivers A and B were present in the facility providing resident care.

The staffing schedule revealed caregiver A works from 7 a.m. to 7 p.m. and caregiver B works from 8 a.m. to 2 p.m.

At 11:30 a.m. the administrator said caregiver A was hired in [redacted] and caregiver B was hired on [redacted], said she was unable to provide a personnel record and completed attestations of compliance with background screening requirements for either caregiver.

Unclassified