| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11953318 | 06/05/2019 |
| NAME OF PROVIDER OR SUPPLIER<br>**JEANETTE BOSTON ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6916 N. 30TH STREET**<br>**TAMPA, FL 33610** | |

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

**0000 - Initial Comments**

An abbreviated biennial relicensure survey was conducted on [redacted] at Jeanette Boston ALF. Deficiencies were identified at the time of the survey.

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

Based on record review and interview, the facility had not provided all required training to two of two staff sampled who had been employed at least 30 days (B; D).

Findings included:

Personnel file review during the [redacted] survey revealed that Staff B, hired [redacted], and Staff D, hired [redacted], had no documented evidence of having received training in the following areas: a) recognizing and reporting resident [redacted], neglect and [redacted] and resident rights in an assisted living facility; and b) reporting adverse incidents. Staff B had no documentation of having been trained in facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Interview with the designee at 1:30pm on [redacted] indicated that some of the documentation had been misfiled and he was trying to relocate it.

Class III

**0083 - Training - First Aid and [redacted] - 58A-5.0191(5) FAC**

Based on record review and interview, two of three staff sampled (A; B) did not have currently valid First Aid (FA) cards.

Findings included:

Personnel file review during the [redacted] survey revealed that the FA certification for both Staff A and B had expired [redacted]. Interview with the designee at 1:45pm on [redacted] indicated that he thought the [redacted] ( ) documentation covered the first aid-related documentation as well.

Class III

**0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC**

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|---|---|---|
| | AL11953318 | 06/05/2019 |
| NAME OF PROVIDER OR SUPPLIER<br>**JEANETTE BOSTON ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6916 N. 30TH STREET**<br>**TAMPA, FL 33610** | |

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

Based on interview and record review, the administrator had not obtained the minimum 2 hours continuing education in topics related to nutrition/food service in an assisted living facility (ALF) on an annual basis.

Findings included:

Interview of the fiscal agent/designee at 11am on revealed that the administrator was in charge of the facility's food service. A review of the administrator's personnel record found no documentation verifying completion of any 2 hour training/seminar covering topics pertinent to nutrition/food service in an ALF setting. Interview with the designee at 1:30pm on provided no clarification for this discrepancy.

Class III

**0181 - Emergency Plan Approval - 58A-5.026(2) FAC**

Based on record review and interview, the facility had not submitted its emergency management plan to the local emergency management agency for review and approval after a substantive change had occurred.

Findings included:

A review of the facility's latest available approved emergency management plan during the inspection found a document from . No subsequent reports from the local emergency management office could be located during the inspection; interview with the fiscal agent/designee at 10am on verified that the facility had recently installed a permanent generator in late 2018, representing a major change to the physical plant of the facility, and therefore requiring a new submission of the emergency management plan for review and approval. Further interview with the designee at 1pm on indicated that the required document could still not be located.

Class III

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

Based on record review and interview, the facility did not maintain a signed attestation of compliance with background screening requirements, AHCA Form 3100-0008, , for two of three staff sampled (B; D).

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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| NAME OF PROVIDER OR SUPPLIER<br>**JEANETTE BOSTON ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6916 N. 30TH STREET**<br>**TAMPA, FL 33610** | |

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

Findings included:

A review of personnel records during the survey revealed that neither Staff B nor Staff D, hired and , respectively, had any documentation verifying they had signed the Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , . Interview with the designee at 2:20pm on provided no clarification for this oversight.

Class III