STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968837	R 04/25/2019
NAME OF PROVIDER OR SUPPLIER **TZURIEL ASSISTED LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2710 NW 6TH ST** **CAPE CORAL, FL 33993**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on at Tzuriel Assisted Living Facility, an assisted living facility in Cape Coral, Florida.

This was a follow-up to the biennial survey completed on .

The following is description of the deficiencies.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(i)

Based on record review and interview, the facility failed to ensure resident elopement drills were appropriately documented 2 times per year as required by Florida Statute.

The findings included:

A review of the facilities policies and procedures indicated elopement drills were to be conducted two times per year.

On at 11:30 a.m., the elopement drill documentation was reviewed. The documentation said a drill was conducted on by the facility Administrator without any staff members documented in attendance and with no scenario of the drill activity. The Administrator acknowledged she was the only one in attendance and could not explain what activity took place during the drill.

Class III

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

Based on record review and interview, the facility failed to ensure it was operated by an administrator who is responsible for the operation and maintenance of the facility including the management of all staff, and provision of appropriate care. The facility failed to have documentation the administrator has completed the core training and core competency test requirements within 90 days after becoming employed as the facility administrator.

The findings included:

The Administrator's file contained a certificate of completion for core training. The file did not contain a

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TZURIEL ASSISTED LIVING FACILITY INC	**2710 NW 6TH ST CAPE CORAL, FL 33993**

SUMMARY STATEMENT OF DEFICIENCIES
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card issued indicating the Administrator had passed the CORE competency test. A review of the website https://alf.usf.edu which contains a list of successful examinees failed to indicate the Administrator had passed the competency test.

On at 11:00 a.m., the Administrator said she has an , to take the CORE competency test on . When asked for documentation the exam was scheduled, she stated, "It's not with me. It is at home."

Class III

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

Based on record review and interview, the facility failed to ensure that within 30 days of employment, newly hired staff submit a written statement from a health care provider documenting the individual does not have any signs or symptoms of communicable , including evidence of a negative examination for 2 (Staff A and B) of 2 staff reviewed.

The findings included:

On , review of Staff A's and Staff B's employee file, the facility failed to demonstrate a written statement from a health care provider documenting there are no signs or symptoms of communicable and failed to demonstrate documentation of a negative examinations on a year basis.

On at 10:20 a.m., the Administrator explained Staff A and Staff B work at other facilities and she will have to get the documentation for them.

Class III

0080 - Training - Core & Competency Test - 429.52( ) FS; 58A-5.0191(1) FAC

Based on record review and interview, the facility failed to ensure it was operated by an administrator who is responsible for the operation and maintenance of the facility including the management of all staff, and provision of appropriate care. The facility failed to have documentation the administrator has completed the core training and core competency test requirements within 90 days after becoming employed as the facility administrator.

The findings included:

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	AL11968837	R 04/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TZURIEL ASSISTED LIVING FACILITY INC	**2710 NW 6TH ST CAPE CORAL, FL 33993**

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

The Administrator's file contained a certificate of completion for core training. The file did not contain a card issued indicating the Administrator had passed the CORE competency test. A review of the website https://alf.usf.edu which contains a list of successful examinees failed to indicate the Administrator had passed the competency test.

On at 11:00 a.m., the Administrator said she has an , , to take the CORE competency test on . When asked for documentation that the exam was scheduled, she stated, "It's not with me. It is at home."

Class III

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

Based on record review and interview, the facility failed to ensure a staff member who has completed courses in First Aid and , ( ) and holds a current valid card is in the facility at all times for 2 (Staff A and Staff B) of 3 personnel files reviewed.

The findings included:

On review of Staff A's and Staff B's personnel employment files revealed there was no documentation the employees completed First Aid and training.

On at 11:00 a.m., the Administrator acknowledged that both employees work alone in the facility. The Administrator said that she needed to obtain the documentation from the other facilities where Staff A and Staff B work.

Class III

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

Based on record review and interview, the facility failed to obtain an approved comprehensive emergency management plan (CEMP) as required.

The findings included:

Record review showed the facility submitted a CEMP to the county on which did not meet the emergency management criteria.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **TZURIEL ASSISTED LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2710 NW 6TH ST** **CAPE CORAL, FL 33993**	

SUMMARY STATEMENT OF DEFICIENCIES
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On [redacted] at 12:30 p.m., the Administrator said she resubmitted the plan on [redacted] and has not received approval yet.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953648	**04/25/2019**
NAME OF PROVIDER OR SUPPLIER **ATRIA SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **4540 BEE RIDGE ROAD** **SARASOTA, FL 34233**	

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

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

Based on record review and staff interview, the facility failed to ensure initial employment was listed on the employee roster within 10 days of employment as required for 4 (Staff A, B, C, and D) of 10 staff sampled. Employees not on the roster could enable ineligible persons to continue to have access to residents.

The findings included:

1. On , record review revealed a date of hire for Medication Technician Staff A was . Review of the facility employee roster on revealed Staff A was added to the employee roster on , 125 days after hire.

2. On , record review revealed a date of hire for Medication Technician Staff B was . Review of the facility employee roster on revealed Staff B was added to the employee roster on , 66 days after hire.

3. On , record review revealed a date of hire for Resident Services Assistant Staff C was . Review of the facility employee roster on revealed Staff C was added to the employee roster on , 69 days after hire.

4. On , record review revealed a date of hire for Executive Director Staff D was . Review of the facility employee roster on revealed Staff D was added to the employee roster on , 30 days after hire.

5. On at approximately 11:30 a.m., the facility Community Business Director confirmed Staff A, B, C, and D had not been added to the facility employee roster within 10 days of employment as required by regulation.

Unclassified