STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969367	**05/02/2019**
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 unannounced complaint investigation (2019003602) was conducted at Isaiah Assisted Living Facility, 3049 Wiley Avenue, Mims, Florida, on . At the time of the complaint investigation, the facility had deficient practice.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on record review and interviews, the facility failed to ensure 1 of 3 residents (#2) had an Agency for Health Care 1823 Health Assessment (1823 health assessment) completed within 60-days prior to admission or 30-days following admission to the facility.

Findings include:

On , at 12:15 PM, in an interview with Staff B, Staff B was requested to provide resident care records for all three residents.

On , in a record review of Resident #2's resident care file, the file documented Resident #2's date of admission to the facility as . Resident #2's resident care file documented an 1823 health assessment conducted on .

On , at 3:05 PM, in an interview with the administrator, the administrator stated she was unaware Resident #2's 1823 health assessment was out of compliance. The administrator stated she thought as long as he had the assessment at time of admission she was in compliance.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observations, record reviews and interviews the facility failed to ensure compliance that a staff member is present in the facility with and First Aid training at all times. That during periods of temporary absence of the administrator of 48-hours or greater, a staff member to be left in charge is designed in writing. The facility maintains a written work schedule.

Findings include:

On at 12:15 PM, in an interview with Staff B, Staff B stated the administrator is not at the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969367	**05/02/2019**
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)

facility. Staff B stated the administrator had left that morning to go to Hawaii and would not be at the facility until . Staff B was asked to provide a copy of the written designation that Staff B be in charge of the facility.

On , in an attempted record review, the facility could not provide written documentation Staff B was in charge of the facility in an absence of greater than 48-hours.

On at 1:15 PM, in an interview with the administrator, the administrator stated she is out of town and did not leave written designation of Staff B being in charge of the facility.

On , in a record review of Staff B's employee file, the file did not contain documentation Staff B had completed training regarding and First Aid.

On at 12:30 PM, during a tour of the facility it was observed that Staff B was the only staff member on site.

On at 2:30 PM, in an interview with Staff B, revealed she works alone on her shifts. When asked, Staff B could not tell the agency if she had completed and First Aid training.

On at 3:05 PM, in an interview with the administrator and Staff H, Staff H when presented with the findings of Staff B not having documentation of Staff B having completed and First Aid stated Staff B completed it, it is just not in the file. Staff H called over Staff B and asked Staff B to confirm the training had been completed but Staff B would not respond.

On at 12:15 PM, in an interview with Staff B, Staff was requested to provide a written work schedule for the current week.

On , in an attempted record review, the facility failed to provide a written work schedule for the current week.

On at 1:30 PM, in an interview with the administrator, the administrator stated the facility does not maintain a required written work schedule.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969367	**05/02/2019**
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)

Based on record review and interviews the facility placed one of three residents (Resident #2), at-risk by failing to properly document all admissions on the admission and discharge log.

Findings include:

On at 12:15 PM, in an interview with Staff B, Staff B was requested to provide a copy of the current admission and discharge log. Staff B stated the facility currently had three residents living in the facility.

On at 12:30 PM, in a tour of the facility, it was observed the facility had three residents. Residents #1 and #2 were watching television while Resident #3 was sleeping in his room.

On in a record review of the admission and discharge log, the log documented the facility had two residents (Resident #1 and #3).

On at 3:05 PM, in an interview with the administrator, the administrator stated she would correct the omission on the admission and discharge log.

Class III

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

Based on record reviews and interviews the facility failed to ensure two of three staff (Staff F and G) provided updated background screens following a 90-day gap in employment.

Findings include:

On , in a record review of Staff G's employee file, the file documented Staff G was hired at the facility on . Staff G's background screening was listed as . Staff G's job application shows Staff G was employed at a local rehabilitation facility.

On , in a record review of the local rehabilitation facility, the facility did not list Staff G on their background -screening roster.

On , in a record review of Staff F's employee file, the file documented Staff F was hired at the facility on . Staff F's employee file did not provide a job application that could explain the 90-day gap.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969367	05/02/2019
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 [redacted] at 3:05 PM, in an interview with the administrator, the administrator stated she was unaware of the 90-day gaps and would address them.

Unclassified

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

Based on record reviews, observations and interviews the facility failed to protect three of three residents (Residents #1, 2 and 3) by ensuring all contact is by individuals who have been cleared by the Agency for Health Care Administration (AHCA) background screening unit.

Findings include:

On [redacted] at 11:55 AM, in an interview with Staff B, Staff B stated the administrator is currently in Hawaii.

On [redacted] at 12:10 PM, in an interview with Staff B, Staff B contacted Staff D. Staff B stated she was instructed to contact Staff D when the administrator is not available. Staff D stated the administrator is in Hawaii at the present time.

On [redacted], in a record review of the background -screening roster for the facility, the roster did not document Staff D as being a current employee.

On [redacted], in a record review of the background -screening web site for Staff D, Staff D is not listed on the screening roster for the facility. Staff D is not listed as cleared by AHCA. Staff D is listed on the screening web site as a home address matching the facility.

On [redacted], at 12:30 PM, in a tour of the facility, it was observed hanging on the wall of the office, documentation that tells staff that Staff D is the lead counselor and staff members to call Staff D in case of emergencies.

On [redacted], at 1:30 PM, in an interview with the administrator, the administrator stated Staff D does not work at the facility. The administrator stated Staff D works at a local day care. The administrator stated she is related to Staff D and Staff D does not live on the property. The administrator stated she is unaware of a posted sign telling staff that Staff D is the lead counselor and she can be called in case of emergencies. The administrator stated, "The staff know they can call Staff D if they have questions while

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969367	**05/02/2019**
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)

she is out."

On , in a record review of the local property appraiser's web site, the web site documents Staff D as the property owner.

Unclassified