STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	R 06/14/2019
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
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A revisit to a complaint investigation survey 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 the 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 residency in the assisted living facility for 1 (Resident #2) of 6 sampled residents.

Findings included:

During a revisit to a complaint investigation conducted on . . regarding allegations of Resident #2 hitting Resident #1 and a record review conducted on of a facility incident report revealed that Resident #2 had pushed and choked Resident #3 on . A record review revealed that Resident #2's record with an admission date of 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 9:20am, 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 if (Resident #2) has an 1823."

During an interview conducted on . . at 11:10am, the Interim Administrator confirmed the lack of documentation of a -to- medical examination by a health care provider (AHCA 1823 form), The Interim Administrator stated "Staff G told me about that, but I thought Staff G took care of it."

Class III

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

Based on record review, interview and observation, the facility failed to provide personal supervision for 1 of 6 residents (#2) who displayed aggressive behaviors towards other residents and did not have a required Health Assessment Form (1823) completed by a healthcare provider stating they were

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	R 06/14/2019

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

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

appropriate for an Assisting Living Facility and not a danger to self or others. Additionally, the facility failed to notify the appropriate persons following all incidents and implement their interventions.

Findings included:

During an interview with Staff A on . . . . at 9:00am they stated, "Resident #3 and #2 got into an altercation but I didn't see it."

During a record review on of an incident report dated , it revealed an altercation between Resident #2 and #3. The incident report had no documentation of notifying the Interim Administrator, the healthcare provider, family, case worker or Power of Attorney. The facility intervention to prevent physical incidents between Resident #2 and #3 was to keep them separated as much as possible and monitor any and all altercations. (photographic evidence obtained) The facility provided no documentation to explain how the staff would implement the intervention or the monitoring of Resident #2's activities following the incident. The facility provided no documentation of an assessment for Resident #2 upon admission or following the incident.

During an interview with Staff A on at 9:00am, they confirmed the intervention to prevent future interactions between Resident #2 and #3 was to keep them apart. Staff A stated, "We try to keep them apart." "I keep them separate and watch them." Staff A confirmed they did not call the health care provider, family of the residents or the Interim Administrator. Staff A stated, "I called Staff G and totally forgot the Interim Administrator and I didn't have a number to call them until I got it from Staff G today ( )." "We didn't call the physician or family."

During an interview with Staff H on at 9:05 am they stated, "Resident #2 and #3 had an argument, I saw Resident #2 push Resident #3's wheelchair but I didn't see him (#2) choke or touch him (#3)."

During a record review for Resident #2 on there was no documentation of a required Health Assessment Form (1823) completed by a healthcare provider stating they were appropriate for an Assisted Living Facility and not a danger to self or others.

During an interview conducted on at 9:15am with Resident #3 they stated on Resident #2 strangled him. "Resident #2 came after me and strangled me and the police came out." Resident #3 stated they do not feel safe in the facility. "No, sometimes I don't at all because he is big and I'm in a wheelchair." "He gets mad a lot and he gets physical."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	R 06/14/2019

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

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

During an interview with Staff A on at 9:20am they stated, "I'm not sure if he (#2) has an 1823, I was not here."

During an interview with Resident #3 on at 10:10 am he stated, "Resident #2 was up early, (today) smoking on the front porch and I was a little scared and we were on the porch alone." During an interview conducted on at 10:45am with Resident #2 he stated, "Resident #3 called the cops on me." "He's a loud ." "He tries to push people around and if he does I will give him all sorts of trouble." "I'll dump him out of the wheelchair and he can crawl."

On at 2:22pm Staff A was observed on the front porch leaving Residents #2 and #3 inside the facility unsupervised.

On at 5:51pm Staff A and her daughter were observed taking the dog for a walk leaving Residents #2 and #3 in the facility unsupervised until Staff A returned at 6:00pm.

No other staff were available or present to provide oversight of the residents.

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 six of six residents (#1-#6) with a safe and decent living environment, free from hazards and threats from other residents, and exposure to staff with ineligible background screenings. In addition, the facility failed to provide documentation from a healthcare provider reviewed annually for the use of ½ bed rails for 1 (Resident #6) of 6 residents.

Findings included:

Review of the Agency for Health Care Administration (AHCA) Background Screening Clearinghouse Roster Website on it revealed that Staff J who lived at the facility, was hired on as a caregiver. Staff J had access to the resident's records, belongings and medications, but had an ineligible level II background screening dated . (Photographic Evidence obtained)

During an interview conducted on at 9:00am, Staff A confirmed that Staff J had an ineligible level II background screening and continued to live at and had access to the facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	R 06/14/2019
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
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

During a phone interview conducted on beginning at 11:10am, the Interim Administrator confirmed that they were not aware that Staff J lived at the facility and had an ineligible level II background screening.

Review of the AHCA Background Screening Clearinghouse Roster Website on revealed the Interim Administrator had a level II background screening "in process". (Photographic Evidence obtained)

During an interview conducted by phone on at 6:07pm, regarding their background screening, the Interim Administrator stated, "I went last Thursday."

During an interview with Staff A on beginning at 9:00am, Staff A stated there was a physical altercation between Resident #2 and Resident #3.

A record review conducted on of an incident report dated revealed Resident #3 asked Resident #2 to move their chair so that Resident #3 could get ice from the deep freezer. Resident #2 got angry and loud. Resident #3 stated Resident #2 choked him and pushed the wheelchair backwards.

During an interview conducted on at 9:15am, Resident #3 reported that Resident #2 strangled them and pushed their wheelchair backwards. Resident #3 stated "Resident #2 came after me and strangled me and the police came out." Resident #3 stated he did not feel safe at the facility and was scared Resident #2 would harm him again.

During an interview with Resident #2 conducted on at 10:45am, Resident #2 stated "[Resident #3] called the cops on me he's a loud ." "He tries to push people around and if he does I will give him all sorts of trouble." "I'll dump him out of the wheelchair and he can crawl."

During a tour conducted on at 8:45am, Resident #6 was observed lying in a hospital bed with 2 (one on each side) half-bed rails up.

During an interview conducted on at 9:00am, Resident #6 confirmed that they were not able to lower the side rails on his bed. Resident #6 stated "I don't know how to put the rails down."

During an interview conducted on at 9:05am, Staff A confirmed the lack of documentation from a health care provider reviewing the use of the ½ bed rails annually in Resident #6's record.

A record review conducted on of another state agency report dated revealed it was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	R 06/14/2019
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
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

unsatisfactory due to an observed infestation of live roaches in the kitchen, on the freezer, in the bottom cabinet below the sink and in the counter drawers. (Photographic evidence obtained)

A tour conducted on at 8:45am, revealed the following:
In bathroom #3, the soap holder in the bath tub was broken off, unpainted patch around the shower , a brown substance around the caulk in the tub and a large amount of dust around the exhaust vent.
Cockroaches were observed throughout the survey around the kitchen, crawling in the refrigerator, in the dining room and in the adjacent bedroom.
Debris was scattered around the backyard and side yard.
The Satellite Dish antennae was not attached to the roof.
Resident #1's wheelchair had dust, hair and dirt caked on it.
(photographic evidence obtained)

During an interview conducted on at 8:55am, Resident #5 stated, "I've seen some roaches around."

During an interview conducted on at 8:55am, Resident #3 stated "Yeah the bug man has been here, but they need a new one." "I've seen them (roaches) in my room, kitchen, dining room and bathroom."

During an interview conducted on at 9:00am, Staff A stated "Yes, we try to kill them (roaches)."

During an interview conducted on at 9:00am, Staff H stated "Yes, I try to spray them (roaches)."

During an interview conducted by phone on at 11:10am, the Interim Administrator when asked how often pest control comes to the facility stated "I don't know?"

Class I

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

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	R 06/14/2019
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
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Findings included:

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

A record review conducted on of Resident #5's MORs from / /19 and - , revealed that the prescribed medications were not documented on the MORs each time the medications were given. (photographic evidence obtained)

During an interview conducted on at 10:54am, Staff A confirmed that the 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 unaware of some of the resident's prescriptions on the MORS."

Class III

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

Based on record review, interview and observation the facility failed to have a qualified Administrator who was actively involved in supervising and providing oversight of the facility, including the management of qualified staff, the provision of appropriate care and ensuring a safe environment for five of six residents residing in the facility (Residents #1-#5).

Findings included:

A record review conducted on revealed that the facility had a change of administrator on and had not notified the agency of the change within 10 days.

During a phone interview conducted on at 11:10am, the Interim Administrator confirmed she accepted to be the interim administrator for the facility. The Interim Administrator stated "Yes I started ." "I'm not there a lot it's only 6 beds and I run another facility."

During a phone interview conducted on beginning at 11:07am, the Interim Administrator stated she was not aware of the facility's previous citations. The facility had been previously cited for placing residents at risk by allowing staff who had been determined ineligible for employment after a

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	R 06/14/2019
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
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

criminal history background screening to have access to residents and their property on site.

Review of the Agency for Health Care Administration (AHCA) Background Screening Clearinghouse Roster Website on revealed the Interim Administrator had a level II background screening "in process". (Photographic Evidence obtained)

During an interview conducted by phone on at 6:07pm, regarding their background screening, the Interim Administrator stated, "I went last Thursday."

A record review conducted on of an incident report, dated , revealed a physical altercation between Resident #2 and Resident #3. There was no documentation of notifying the Interim Administrator of the incident. (Photographic Evidence obtained)

During an interview conducted on at 9:00am, Staff A stated she contacted Staff G regarding the incident between Resident #2 and Resident #3. Staff G was barred from employment at the facility due to a criminal incident and an ineligible Level II background screening. Staff A stated, "I called Staff G and totally forgot the Interim Administrator and I didn't have a number to call (Interim Administrator) till I got it from Staff G today ( )."

During a phone interview conducted on beginning at 11:10am, the Interim Administrator stated they were not aware of any resident on resident incidents.

Review of AHCA Background Screening Clearinghouse Roster Website on revealed that Staff J who lived at the facility, was hired as a caregiver with a date of hire of and had current access to resident's records, belongings and medications had an ineligible level II background screening dated . (Photographic Evidence obtained)

During an interview conducted on at 9:00am, Staff A confirmed that Staff J had an ineligible level II background screening and that Staff J could not live at the facility, however, Staff J continued to live at the facility.

During an interview conducted by phone on at 11:10am, the Interim Administrator confirmed that she was not aware that Staff J lived at the facility and had an ineligible level II background screening.

During a state agency survey conducted on - , the Interim Administrator was notified on several occasions and stated she could not attend due to other . The Interim Administrator entered the facility on at 1:38pm. The facility was scheduled to close on at 5:00pm, at

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	R 06/14/2019
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
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

which time all residents needed to be safely relocated.

During an interview conducted by phone on at 11:10am, the Interim Administrator was asked if they would come to the facility. The Interim Administrator stated, "I can't come I'm 2 hours away."

During an interview conducted by phone on at 10:59am, the Interim Administrator stated, "I'm closing on a house today, otherwise I'd be there."

During a phone interview conducted on at 6:07pm, the Interim Administrator acknowledged that they had been at the facility about 10 days ago. The Interim Administrator stated, "about 10 days ago, I didn't know it was that bad."

During resident interviews conducted between 8:55am and 10:45am on , residents denied knowing who the Interim Administrator was and confirmed she had not been to the facility.

During staff interviews conducted on at 9:00am, staff confirmed that the Interim Administrator had not been to the facility and they did know their identity.

During an interview conducted with Staff A on at 1:59pm, Staff A stated that the Interim Administrator had never been to the facility.

Record review conducted on revealed Staff A, with a date of hire of as a caregiver and medication technician revealed no documentation of having received training in Resident Rights, Reporting and Recognizing and Neglect, Incident Reporting and Activities of Daily Living (ADL) and Behavioral Needs.

Record review conducted on revealed Staff F with a date of hire of as a caregiver and medication technician revealed no documentation of having received training in ADL and Behavioral Needs.

Record review conducted on revealed Staff H with a date of hire of as a caregiver and medication technician revealed no documentation of having received training in in Resident Rights, and Reporting and Recognizing and Neglect.

Record review conducted on revealed Staff I with a date of hire of as a caregiver and medication technician revealed no documentation of having received training in Resident Rights, Reporting and Recognizing and Neglect, Incident Reporting and Activities of Daily Living (ADL)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	R 06/14/2019

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

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

and Behavioral Needs.

A phone interview conducted beginning at 11:10am, the Interim Administrator stated she was not aware the staff had not received all of the required trainings.

A tour conducted on at 8:45am, revealed the following:
In bathroom #3 the soap holder in the bath tub was broken off, unpainted patch around the shower , a brown substance around the caulk in the tub and a large amount of dust around the exhaust vent.
Cockroaches were observed throughout the survey around the kitchen, crawling in the refrigerator, in the dining room and in the adjacent bedroom that was occupied by Resident #1 and Resident #2.
Debris was scattered around the backyard and side yard.
The Satellite Dish antennae was not attached to the roof.
Resident #1's wheelchair had dust, hair and dirt caked on it.
(photographic evidence obtained)

A record review conducted on of another state agency's report, dated , revealed it was unsatisfactory due to an observed infestation of live roaches in the kitchen, on the freezer, in the bottom cabinet below the sink and in the counter drawers. (photographic evidence obtained)

During resident interviews conducted on conducted between 8:55am and 10:45am, residents stated the facility had roaches in the bedrooms, dining room, kitchen and the bathrooms.

During staff interviews conducted on at 9:00am, Staff A and Staff H confirmed the facility had roaches and they attempted to kill them.

During an interview conducted by phone on at 11:10am, the Interim Administrator when asked how often pest control comes to the facility and she stated, "I don't know?"

Class I

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

Base on record review and interview the facility failed to have a communicable statement completed by a health care provider within 6 months prior to hire or within 30 days of hire that they are free of communicable , ( ) for 2 (Staff A and I) of 4 employee records reviewed. In addition the facility failed to have freedom from documented annually for 4 (Staff A, F,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	R 06/14/2019
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
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

H, and I) of 4 employee records reviewed

Findings included:

A record review conducted on for Staff A with a date of hire of as a Medication Technician/Caregiver, revealed no documentation of a communicable statement completed by a health care provider within 6 months prior to hire or within 30 days of hire that they are free of communicable ( ) or freedom from documented annually.

A record review conducted on for Staff F with a date of hire of as a Medication Technician/Caregiver, revealed the most recent freedom from was dated and not completed annually.

A record review conducted on for Staff H with a date of hire of as a Medication Technician/Caregiver, revealed the most recent freedom from was dated and not completed annually.

A record review conducted on for Staff I with a date of hire of as a Medication Technician/Caregiver, revealed no documentation of a communicable statement completed by a health care provider within 6 months prior to hire or within 30 days of hire that they are free of communicable , ( ) or freedom from documented annually.

During an interview conducted on at 9:00am, Staff A confirmed the lack of documentation of a communicable statement completed by a health care provider within 6 months prior to hire or within 30 days of hire that they are free of communicable , ( ) and freedom from documented annually. Staff A stated "I don't know."

During an interview conducted by phone on at 11:10am, the Interim Administrator confirmed the lack of documentation of a communicable statement completed by a health care provider within 6 months prior to hire or within 30 days of hire that they are free of communicable , ( ) for Staff A and I and freedom from documented annually for Staff A, F, H, and I. The Interim Administrator stated "I didn't know."

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	R **06/14/2019**
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
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Based on observation and interview the facility failed to maintain a written work schedule that reflects 24-hour staffing pattern for a given time period.

Findings included:

During a tour of the facility conducted on at 8:45am a calendar was observed to have Staff A and Hs' names on it and nothing else. (photographic evidence obtained)

During an interview conducted on at 11:10am, the Interim Administrator stated "No they live there." when asked if the facility had a written work schedule that reflects 24 hour staffing pattern for a given time period.

Class III

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

Based on record review and interview the facility failed to ensure that 4 (Staff A, F, H, and I) of 4 employees who provide direct care to residents had completed the required 2 hours Preservice Orientation training prior to interacting with residents. In addition the facility failed to ensure that 4 (Staff A, F, H, and I) of 4 employees who provide direct care to the residents had received the required in-service training within 30 days of hire.

Findings included:

A record review conducted on for Staff A with a date of hire of as a Medication Technician/Caregiver, revealed no documentation of having received 2 hours Preservice Orientation training prior to interacting with residents or Incident Reporting, Recognizing/ Reporting , Neglect and , , Activities of Daily Living and Behavioral Needs, Elopement Response, Emergency Preparedness and Evacuation, Resident Rights and Nutrition and Safe Food handling within 30 days of hire.

A record review conducted on for Staff F with a date of hire of as a Medication Technician/Caregiver, revealed no documentation of having received 2 hours Preservice Orientation training prior to interacting with residents or Activities of Daily Living and Behavioral Needs within 30 days of hire.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	R 06/14/2019
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
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

A record review conducted on for Staff H with a date of hire of as a Medication Technician/Caregiver, revealed no documentation of having received 2 hours Preservice Orientation training prior to interacting with residents or Incident Reporting, Recognizing/ Reporting , Neglect and , , Elopement Response, Emergency Preparedness and Evacuation, and Resident Rights within 30 days of hire.

A record review conducted on for Staff I with a date of hire of as a Medication Technician/Caregiver, revealed no documentation of having received 2 hours Preservice Orientation training prior to interacting with residents or Incident Reporting, Recognizing/ Reporting , Neglect and , , Activities of Daily Living and Behavioral Needs, Elopement Response, Emergency Preparedness and Evacuation, Resident Rights and Nutrition and Safe Food handling within 30 days of hire.

During an interview conducted on at 10:00am, Staff A confirmed the lack of documentation of having received 2 hours Preservice Orientation training prior to interacting with residents or Incident Reporting, Recognizing/Reporting , Neglect and , , Activities of Daily Living and Behavioral Needs, Elopement Response, Emergency Preparedness and Evacuation, Resident Rights and Nutrition and Safe Food handling within 30 days of hire. Staff A stated "I don't have any of those other trainings."

During an interview conducted by phone on at 6:07pm, the Interim Administrator confirmed the lack of documentation of Staff A, F, H, and I who provide direct care to residents had completed the required 2 hours Preservice Orientation training prior to interacting with residents and Staff A, F, H, and I who provide direct care to the residents had received the required in-service training within 30 days of hire. The Interim Administrator stated "What's wrong with (Staff G), I told (Staff G) I could do the training."

Class III

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

Based on record review and interview the facility failed to ensure 1 (Staff I) of 4 employees who provide direct care to the residents had completed , ( ) training within 30 days of hire.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	R 06/14/2019
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
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Findings included:

A record review conducted on for Staff I with a date of hire of as a Medication Technician/Caregiver, revealed no documentation of having received ( ) training within 30 days of hire.

During an interview conducted by phone on at 6:07pm, the Interim Administrator confirmed the lack of documentation of Staff I who provides direct care to residents had completed ( ) training within 30 days of hire. The Interim Administrator stated "What's wrong with (Staff G), I told (Staff G) I could do the training."

Class III

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

Based on record review and interview the facility failed to ensure that 3 (Staff A, H and I) of 4 employees who provide direct care to the residents had completed ( ) training within 30 days of hire.

Findings included:

A record review conducted on for Staff A with a date of hire of as a Medication Technician/Caregiver, revealed no documentation of having received ( ) Policy and Procedure training within 30 days of hire.

A record review conducted on for Staff H with a date of hire of as a Medication Technician/Caregiver, revealed no documentation of having received ( ) Policy and Procedure training within 30 days of hire.

A record review conducted on for Staff I with a date of hire of as a Medication Technician/Caregiver, revealed no documentation of having received ( ) Policy and Procedure training within 30 days of hire.

During an interview conducted on at 10:00am, Staff A confirmed the lack of documentation of having received ( ) Policy and Procedure training within 30 days of hire.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	R 06/14/2019
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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Staff A stated "I don't have any of those other trainings."

During an interview conducted by phone on at 6:07pm, the Interim Administrator confirmed the lack of documentation of Staff A, F, H, and I who provide direct care to residents had completed ( ) Policy and Procedure training within 30 days of hire. The Interim Administrator stated "What's wrong with (Staff G), I told (Staff G) I could do the training."

Class III

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

Based on record review and interview the facility failed to maintain an up-to-date admission and discharge log listing the names of all residents and each residents: date of admission, the facility or place from which the resident was admitted.

Findings included:

Record review conducted on of the facility admission and discharge log revealed that Resident #4 who was admitted to the facility on was not listed on the admission and discharge log.

During an interview conducted with Staff A on at 12:49pm, Staff A stated "Staff G just called and a Resident #4 is moving in today, I believe Resident #4 is coming in around 1:00pm and the Interim Administrator will do the admission." "I've never done and admission by myself."

During an interview conducted with Staff A on at 2:00pm, Staff A stated "I've never did the admission log."

During an interview conducted by phone on at 3:27pm, the Interim Administrator stated, "I'll be at the facility to do admission."

During a state agency survey conducted on - , the Interim Administrator was notified on several occasions and stated she could not attend due to other . The Interim Administrator entered the facility on at 1:38pm. The facility was scheduled to close on at 5:00 PM at which time all residents needed to be safely relocated.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910781	R 06/14/2019
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
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class III

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 3 (Staff A, B, and D) of 3 employees sampled for record review.

Findings included:

Review of the AHCA Background Screening Clearinghouse Roster Agency Website on revealed that Staff A, hired as a live in Medication Technician with a date of hire of , was not listed on the facility roster. Staff B hired as a caregiver with a date of hire of and Staff D hired as a caregiver with a date of hire of were no longer employed at the facility, were on the roster with no date of their termination. (photographic evidence obtained)

During an interview conducted on at 9:00am, Staff A confirmed that Staff A, F and H were the only staff working at the facility.

During an interview conducted by phone on at 11:10am, the Interim Administrator confirmed that the AHCA Background Screening Clearinghouse Roster was not up-to-date. The Interim Administrator stated "I didn't know." "Staff G was doing that."

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 1 (Staff J) of 4 employee records reviewed had an eligible level II background screening at the time of their date of hire.

Findings included:

Review of the Agency for Health Care Administration (AHCA) Background Screening Clearinghouse Roster Website on revealed that Staff J who lives at the facility was hired as a caregiver with a date of hire of , had an ineligible level II background screening. (photographic evidence obtained)

During an interview conducted on at 9:00am, Staff A confrimed that Staff J had an ineligible level

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SUMMARY STATEMENT OF DEFICIENCIES
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II background screening and continued to live at the facility.

During an interview conducted by phone on at 11:10am, the Interim Administrator confirmed that they were not aware that Staff J lived at the facility and had an ineligible level II background screening. The Interim Administrator stated "I didn't know Staff J lived there."

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 3 (Staff A, H, and I) of 4 employee records reviewed had a signed Attestation of Compliance with the Background Screening Requirements form present in their employee record.

Findings included:

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

During an interview conducted by phone on at 11:10am, the Interim Administrator confirmed the lack of documentation of a signed Attestation of Compliance with the Background Screening Requirement form for Staff A, H, and I. The Interim Administrator stated "I didn't know."

Unclassified