STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968177	**04/06/2017**
NAME OF PROVIDER OR SUPPLIER **YOUR HOUSE ALF 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **5816 N GRADY AVE** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced biennial re-licensure survey was conducted on at Your House ALF 2, an assisted living facility, in Tampa, Florida. Deficiencies were identified at the time of the visit.

(License # 12104)

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

Based on observation, interview, and record review, the facility failed to ensure that a manager was appointed in writing for the Administrator, who supervises more than one licensed facility. In addition, the facility failed to ensure that in the absence of the Administrator, oversight was provided by a manager with the same qualifications on an administrator to include Core training.

Findings included:

A record review conducted on , revealed that the Administrator was only scheduled for one day of the week. The Administrator was only scheduled for Fridays.
During an interview conducted with Staff A, on at 11:41a.m., she stated the Administrator works at the facility and is scheduled for one day. Staff B stated that the Administrator does visit, and the staff are able to call both, the Administrator or the Administrative Assistant if needed.
During an interview conducted with the Administrative Assistant on at 12:05 p.m., he stated that he works at the facility. He confirmed that he does have access to residents ' record, as he is the Administrator ' s designee to provide all documents during the survey. He stated that he assist with the Administrator duties, especially when the Administrator to travel between facilities. He also confirmed that did not have his employment record at the facility and that he has not completed the core training.
During interview conducted with the Administrative Assistant and the Administrator on at 1:02 p.m., The Administrator confirmed that employee record for the Administrative Assistant was not maintained at the facility. She confirmed that the Administrative Assistance also serves as maintenance and that he floats between two licensed facilities operated by the same owners and Administrator. He covers for the administrator when the administrator is not there. Administrator confirmed that she is scheduled at the facility for one day a week on, Fridays, but stated that she is at the facility during unscheduled days.

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Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure that one employees (Staff B), of four employees selected for record review, completed the required staff in-service training within 30 days of employment.

Findings included:

Record review conducted on , revealed there were no documentation found for training completion within 30 days of employment by Staff E relating to elopement response, emergency preparedness & evacuation training, Incident reporting, and residents rights, activities of daily Living, and resident behavior and needs; and training in recognizing and reporting resident , neglect, and . Staff B's documented hire date by the facility on in a direct care position.

During interview conducted with the Administrative Assistant on at 1:40 p.m., he acknowledged that the documentation for training were complete completed three and four years prior to employment at the facility. He confirmed that the required training were not completed after employment.

Class III

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

Based on record review and interview, the facility failed to ensure that staff completed the required one-hour training regarding ( ) within 30 day of employment for one employees (Staff B), of four employees selected for record review.

Findings included:

A record review conducted on , revealed that the facility had no documentation of training completed by Staff B within 30 days of employment. Staff B's documented hire date by the

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facility on in a direct care position.

During interview conducted with the Administrative Assistant on at 1:40 p.m., he acknowledged that the documentation for the training was dated in 2012, four years prior to Staff B ' s employment at the facility. He confirmed that the required training were not completed after employment.

Class III

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

Based on observation and interview, the facility failed to maintain personnel records which contain at a minimum a copy of the employment application, with references furnished, and documentation on verifying freedom from signs or symptoms of a communicable and documentation of compliance with staff training for one employee (Administrative Assistant) out of four employees selected for record review.

Findings included:

On , it was observed that the facility did not have any documentation for the Administrative Assistance, who was the direct point of contact throughout the survey process.

During interview conducted with the Administrative Assistant on at 12:05 p.m., he confirmed that he is an employee of the facility, that he assists the Administrator and does maintenance work. He also confirmed that he did not have any his employment record at the facility.

During interview conducted with the Administrative Assistant and the Administrator on at 1:02 p.m., The Administrator confirmed that the employee record for the Administrative Assistant was maintained at another licensed facility operated by the same owners and Administrator.

Class III

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0162 - Records - Resident - 58A-5.024(3) FAC

Based on Record review and interview, the facility failed to ensure that resident ' s record had documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a Power of Attorney (POA) for one (Resident #2) of two residents selected for record review.

Findings included:

Record review conducted on , revealed that Resident #2 ' s contract, which included the Informed Consent to Assistance with Medication by Unlicensed Personnel, was signed and dated by a family member. The contract was not signed by Resident #2. In addition, Resident #2 ' s was also signed and dated by a family member. No documentation establishing a power of attorney was found during record review.

During interview conducted with the Administrative Assistant on at 04:15 p.m., The Administrative Assistance conducted a thorough search of Resident #2's chart, made attempts to call the Resident #2 ' s family, and confirmed that the facility did not have any POA documentation for Resident #2 at the facility.

Class III

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

Based on record review, and interview, the facility failed to maintain or furnish documentation of compliance with Level II background screening for one (Administrative Assistant) out of four employees selected for record review.

Findings included:

Record review conducted on , revealed there were no documentation for the Administrative Assistance, who was the direct point of contact throughout the survey process, during absence of the Administrator.

During interview conducted with the Administrative Assistant on at 12:05 p.m., he stated that he does have his level II background screening complete, but did not have any his employment record at the facility.

Further review of the of the AHCA Background Screening Clearinghouse Agency website revealed that the Administrative Assistant completed a background screening, with an eligible as of .

During interview conducted with the Administrative Assistant and the Administrator on at 1:02 p.m., The Administrator confirmed that employee record for the Administrative Assistant was not maintained at the facility.

Unclassified

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

Based on record review and interview the facility failed to maintain an updated employee roster in the Agency background-screening clearinghouse.

Findings included:

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Record review conducted on , revealed there were no documentation
Review of the AHCA Background Screening Clearinghouse Agency website reveled an absence of the Administrative Assistance's name on the roster for the provider #12104.

During interview conducted with the Administrative Assistant on at 12:05 p.m., he confirmed that his name in not listed on the employee roster. He stated that he does have his level II background screening complete, but did not have any his employment record at the facility.

Further review of the of the AHCA Background Screening Clearinghouse Agency website revealed that the Administrative Assistant was included on the Background Screening Clearinghouse for another Assisted Living Facility roster (provider #11614) that is operated be the same owners and administrator.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview the facility failed to maintain a signed Attestation of Compliance in the employee record for three (Staff B, Staff C, and Administrative Assistant) out of four employees selected for record review.

Findings included:

Record review conducted on , revealed there were no documentation of Attestation of Compliance with Background Screening Requirements in employee records for Staff B , Staff C and the Administrative Assistance.

During interview conducted with the Administrative Assistant and the Administrator on at 1:02 p.m., they were not aware that a signed compliance attestation was required to be completed and maintained in the employee file. The Administrator confirmed that employee record for the Administrative Assistant was maintained at the facility, and that Staffs B and C did not complete an Attestation of Compliance with Background Screening Requirements.

Unclassified

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