STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967447	01/15/2019
NAME OF PROVIDER OR SUPPLIER **VIZCAYA ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1621 NORTH OCEAN BLVD** **POMPANO BEACH, FL 33062**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on , and at Vizcaya ALF, Inc, License #11555. The facility had deficiencies identified at the time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on interview and observation, the facility failed to ensure that rights of their residents by ensuring that ten (10) of eleven (11) chairs used by residents were free from stains, soils, rips and/or .

Findings Include:

During interview with Resident #3 on , resident stated that there are residents who urinate in the chairs and others have to sit in them. Observation of the chairs by this surveyor revealed that 10 of the 11 chairs under the awning on the patio portion of the courtyard were made of cloth and soiled, ripped, stained, or had .

On , this surveyor interviewed the Administrator between 11:05 AM and 11:25 AM and discussed the concern raised and the condition of the chairs. She stated she was in the process of replacing them with sturdier benches as residents move the chairs, smoke on them and put holes.

This surveyor shared resident observation and concerns and the potential health hazard, to which she understood and restated that they are going to be replaced. "What are we to do, you have resident who is , they mess up chair. We cannot wash them. We cannot put plastic, it uncomfortable. Some want to sit." Stated they will try to look for cushions (that are washable) when the new benches is purchased.

The Administrator left the room and came with a catalog and showed this surveyor the benches the facility was considering replacing the chairs with. Administrator also stated that the (entire) courtyard is being redone to make it "more beautiful."

On between 2:30 PM and 2:45 PM, this surveyor and team member met with Administrator and the Clinical Director/Assistant Administrator to conduct the Exit Interview. The nature of the visit and the findings of the survey (condition of chairs, employee documentation) was discussed. The Administrator acknowledged the findings and states they will be corrected.

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Class III

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

Based on interview and record review, it was determined the facility failed to ensure that each staff member submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable including ( ) annually, for 1 of 5 sampled employee records reviewed (Staff C).

The findings included:

During a record review of the employee files, on at 10:00 AM, revealed Staff C (hire date of) did not have current documentation from a health care provider stating; that the individual does not have any signs or symptoms of communicable , including annually. Last MD statement found in record dated only states free of communicable . No documentation regarding an update on status. Last , and documentation of the results dated .

During an interview with the Administrator and DON on at 2:00 PM, they confirmed the findings and no further information provided at that time.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and an interview, the facility failed to ensure that 1 out of 5 sampled unlicensed staff member had successfully completed the additional 2 hours in continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for Staff C.

The findings included:

During a record review of employee files, on at 10:30 AM, the personnel file for Staff C (hire date of) revealed documentation of the initial 4- hour training in "providing assistance with self-administered medications and safe medication practices in an ALF" dated . There were no documentation of the additional 2-hour training update effective , conducted by a Pharmacist or Registered Nurse (RN) present in the file for this unlicensed resident aide.

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During an interview with the Administrator, on at 2:45PM, she stated that currently Staff C is not a med tech and works the 11-7am shift, however, agrees with the findings.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on employee record review and interview, the facility failed to ensure 1 of 5 sampled staff (Staff C) received the required 6 hour of specialized in-service training with individuals with mental health diagnosis in a licensed limited mental health facility (LMH) that is provided by or approved by the Department of Children and Families.

The findings include:

During a record review of employee files, on at 10:00 AM, revealed Staff C (hire date of), there was no documentation contained within the employee file, showing the completion of the regulatory required 6 hr. in-service training in working with individuals with mental health diagnosis in a licensed limited mental health facility that is provided by or approved by the Department of Children and Families. The facility has a specialty LMH license and the residents who receive that service has documentation in the resident records of a community support services through their service plan.

During an interview with the Administrator, on at 2:00 PM, she acknowledged the absence of documentation for the employee confirming their completion of this required staff training.

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 Clearinghouse Background Screening for employment status, for 1 out of 20 staff members reviewed (Staff C).

The findings included:

A record review of facility's current staff roster on at 9:30am compared to the Clearinghouse Background Screening Facility's Employee Roster revealed that one current staff member was not registered. It was noted that Staff C hire date of was not listed.

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During an interview with the Administrator, on at 2:00 PM, she acknowledged and confirmed the findings, and no further documentation or information provided at that time.

Unclassified