Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963986	A. BUILDING: _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAM HOME INC	158 WEST 8TH STREET HIALEAH, FL 33010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A Complaint (CCR # 2012010142) Follow-up Survey was completed at Adam Home Inc with Limited Mental Health (LMH) component on . . . . . The following deficiencies were found uncorrected at the time of survey: A 054 and L 241. A Second Follow-up Survey to a Complaint Investigation Survey (CCR #2012010142) was conducted at Adam Home Inc. on . . . . . At the time of the survey, deficiencies were identified.	{A 000}		
{A 054} SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known . . the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages,	{A 054}		

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{A 054}	Continued From page 1	{A 054}		

refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered.
(c) For medications which serve as chemical the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and interview the assisted living facility failed to ensure that 1 out of 3 (resident #3) sampled residents medication observation records (MORs) were appropriately maintained.

Findings Include:

1) In an interview with staff #1 on at approximately 11:12 AM, she stated that today in the morning she came from her house to give resident #3 her She stated that she comes every morning to do it. She stated that in the morning and at night. She stated she gave her yesterday. She stated that she does it every day. She stated she comes here 7 days a week to do it.
2) Record review of resident #3's Medication Observation Records (MORs) revealed that staff #1 and staff #2 initialed for giving the to resident #3.
3) In an interview with staff #1 on at approximately 11:15 AM, she stated she will only sign it. She stated she did not know why staff #2 signed it. She stated only this lady {pointed to herself} will sign it.

4) In an interview with staff #2 on at approximately 11:20 AM, she stated she never

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{A 054}	Continued From page 2	{A 054}		

have to resident #3. She stated she is sorry for signing it.

5) In an interview with the administrator on at approximately 11:58 AM, she acknowledged the findings.

Class III
UNCORRECTED

A 079 SS=D 58A-5.019(4) FAC Staffing Standards - Levels — A 079

(4) STAFFING STANDARDS.
(a) Minimum staffing:
1. Facilities shall maintain the following minimum staff hours per week:

Number of Residents	Staff Hours/Week
0-5	168
6-15	212
16-25	253
26-35	294
36-45	335
46-55	375
56-65	416
66-75	457
76-85	498
86-95	539

For every 20 residents over 95 add 42 staff hours per week.
2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
3. In facilities with 17 or more residents, there shall be at least one staff member awake at all

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A 079	Continued From page 3	A 079		

hours of the day and night.
4. At least one staff member who is trained in First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.
5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least must be designated in writing to be in charge of the facility.
6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.
7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule.
8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or

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A 079	Continued From page 4	A 079		

representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.
1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.
3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met.
(e) Facilities that are co-located with a nursing

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A 079	Continued From page 5	A 079		

home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the assisted living facility failed to properly maintain a written work schedule.

Findings Include:

1) In an interview with staff #1 on [redacted] at approximately 10:51 AM, she stated staff #2 works three days on the weekends. She stated she works Saturday, Sunday, and leaves Monday.

2) In an interview with staff #2 on [redacted] at approximately 11:20 AM, she stated she has been working at the facility since [redacted] of 2012. She stated she works Saturday, Sunday, and sometimes Monday.

3) Record review of the facility's staffing schedule for [redacted] 2013 revealed staff #2 was not listed. Record review revealed the facility did not accurately complete the staffing schedule for the left off staff #2 from it.

4) In an interview with the administrator on [redacted] at approximately 11:22 AM, she stated her consultant makes the schedule for her and

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A 079	Continued From page 6 she does not know why staff #2 is not on it. 5) In an interview with the administrator on [redacted] at approximately 11:58 AM, she acknowledged the findings. Class III	A 079		
{AL241} SS=D	58A-5.029(2) FAC LMH - Records (2) RECORDS. (a) A facility with a limited mental health license shall maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents. The admission and discharge log required under Rule 58A-5.024, F.A.C., shall be sufficient provided that all mental health residents are clearly identified. (b) Staff records shall contain documentation that designated staff have completed limited mental health training as required by Rule 58A-5.0191, F.A.C. (c) Resident records for mental health residents in a facility with a limited mental health license must include the following: 1. Documentation, provided by the Department of Children and Family Services within 30 days of the resident ' s admission to the facility, that the resident is a mental health resident. Documentation that the resident is receiving social security [redacted] or supplemental security income, [redacted] and any of the following shall meet this requirement. a. An affirmative statement on the Alternate Care Certification for [redacted] Form, CF-ES 1006, [redacted] 1998, that the resident is receiving SSI/SSDI due to a	{AL241}		

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{AL241}	Continued From page 7	{AL241}		

b. Written verification provided by the Social Security Administration that the resident is receiving SSI or SSDI for a mental . . . . . Such verification may be acquired from the Social Security Administration upon obtaining a release from the resident permitting the Social Security Administration to provide such information to the Department of Children and Family Services.
c. A written statement from the resident ' s case manager that the resident is an adult with severe and persistent mental illness. The case manager shall consider the following minimum criteria in making that determination.
(i) The resident is eligible for, is receiving, or has received state funded services from the Department of Children and Family Services ' . . . . . and Mental Health program office within the last 5 years; or
(ii) The resident has been diagnosed as having a mental
2. An appropriate placement assessment provided by the resident ' s mental health care provider within 30 days of admission to the facility that the resident has been assessed and found appropriate for residence in an assisted living facility. Such assessment shall be conducted by a psychiatrist, clinical psychologist, clinical social worker, or . . . . . nurse, or person supervised by one of these professionals.
a. Any of the following documentation which contains the name of the resident and the name, signature, date, and license number, if applicable, of the person making the assessment, shall meet this requirement:
(i) Completed Alternate Care Certification for . . . . . Form, CF-ES Form 1006, ... 1998;
(ii) Discharge Statement from a state mental hospital completed within 90 days prior to admission to the ALF provided it contains a

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{AL241}	Continued From page 8	{AL241}		

statement that the individual is appropriate to live in an assisted living facility; or
(iii) Other signed statement that the resident has been assessed and found appropriate for residency in an assisted living facility.
b. A mental health resident returning to a facility from treatment in a hospital or crisis stabilization unit (CSU) will not be considered a new admission and not require a new assessment. However, a break in a resident ' s continued residency which requires the facility to execute a new resident contract or admission agreement will be considered a new admission and the resident ' s mental health care provider must provide a new assessment.
3. A Community Living Support Plan.
a. Each mental health resident and the resident ' s mental health case manager shall, in consultation with the facility administrator, prepare a plan within 30 days of the resident ' s admission to the facility or within 30 days after receiving the appropriate placement assessment under paragraph (c), whichever is later, which:
(i) Includes the specific needs of the resident which must be met in order to enable the resident to live in the assisted living facility and the community;
(ii) Includes the clinical mental health services to be provided by the mental health care provider to help meet the resident ' s needs, and the frequency and duration of such services;
(iii) Includes any other services and activities to be provided by or arranged for by the mental health care provider or mental health case manager to meet the resident ' s needs, and the frequency and duration of such services and activities;
Includes the of the facility to facilitate and assist the resident in attending appointments and arranging transportation to

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{AL241}	Continued From page 9	{AL241}		

appointments for the services and activities identified in the plan which have been provided or arranged for by the resident ' s mental health care provider or case manager;
(v) Includes a description of other services to be provided or arranged by the facility;
(vi) Includes a list of factors pertinent to the care, safety, and welfare of the mental health resident and a description of the signs and symptoms to the resident that indicate the immediate need for professional mental health services;
(vii) Is in writing and signed by the mental health resident, the resident ' s mental health case manager, and the ALF administrator or manager and a copy placed in the resident ' s file. If the resident refuses to sign the plan, the resident ' s mental health case manager shall add a statement that the resident was asked but refused to sign the plan;
(viii) Is updated at least annually;
(ix) include the Agreement described in subparagraph 4. If included, the mental health care provider must also sign the plan; and
(x) Must be available for inspection to those who have a lawful basis for reviewing the document.
b. Those portions of a service or treatment plan prepared pursuant to Rule 65E-4.014, F.A.C., which address all the elements listed in sub-subparagraph a. above may be substituted.
4. Agreement. The mental health care provider for each mental health resident and the facility administrator or designee shall, within 30 days of the resident ' s admission to facility or receipt of the resident ' s appropriate placement assessment, whichever is later, prepare a written statement which:
a. Provides procedures and directions for accessing emergency and after-hours care for

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the mental health resident. The provider must furnish the resident and the facility with the provider ' s 24-hour emergency crisis telephone number.
b. Must be signed by the administrator or designee and the mental health care provider, or by a designated representative of a Medicaid prepaid health plan if the resident is on a plan and the plan provides behavioral health services under Section 409.912, F.S.
c. cover all mental health residents of the facility who are clients of the same provider.
d. be included in the Community Living Support Plan described in subparagraph 3.
Missing documentation shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services, or the mental health care provider under contract to provide mental health services to clients of the department.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the assisted living facility failed to ensure that 2 out of 3 (resident #2, #3) sampled residents had a completed annual Community Living Support Plan.

Findings Include:

1) Record review of resident #2's file revealed he received
Record review of resident #2's health assessment, dated , revealed he was diagnosed with Psych Record review on revealed resident #2 had a completed

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{AL241}	Continued From page 11	{AL241}		

and signed annual community living support plan dated Record review revealed resident #2 had not had a community living support plan completed by the residents' doctor or case manager and facility's administrator within the past year.

2) In an interview with the administrator on at approximately 11:24 AM, she stated resident #2's doctor is coming this week to do one.

3) Record review of resident #3's file revealed she had a completed and signed annual community living support plan dated Record review revealed resident #3 had not had a community living support plan completed by the residents' doctor or case manager and facility's administrator within the past year.

4) In an interview with the administrator on at approximately 11:30 AM, when showed the community living support plan, she stated "oh yeah." She then questioned if they had to be completed annually.

5) In an interview with the administrator on at approximately 11:58 AM, she acknowledged the findings but stated they do not have a case manager to sign it.

Class III
UNCORRECTED

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Adam Home Inc
158 West 8th Street
Hialeah, FL 33010

CCR#2012010142 2nd f/u

Dear Administrator:

This letter reports the findings of a 2nd revisit survey to a complaint conducted on , 2013by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121