

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963986	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER ADAM HOME INC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 (#2013004656) Survey was conducted on 2013 at Adam Home Inc. The following deficiencies were identified at time of survey.	A 000			
A 009 SS=D	58A-5.0181(3) FAC Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility shall make available to potential residents a written statement(s) which includes the following information listed below. A copy of the facility resident contract or facility brochure containing all the required information shall meet this requirement. 1. The facility 's residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provide by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility; 9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any; 10. A statement of facility rules and regulations that residents must follow as described in Rule	A 009			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0099

9QKY11

If continuation sheet 1 of 7

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A 009	Continued From page 1 58A-5.0182, F.A.C.; 11. A statement of the facility policy concerning _____ pursuant to Section 429.255, F.S. and Rule 58A-5.0186, F.A.C., and Advance Directives pursuant to Chapter 765, F.S. 12. If the facility also has an extended congregate care program, the ECC program's residency criteria; and a description of the additional personal, supportive, and nursing services provided by the program; additional costs; and any limitations, if any, on where ECC residents must reside based on the policies and procedures described in Rule 58A-5.030, F.A.C.; 13. If the facility advertises that it provides special care for persons with _____ and related _____, a written description of those special services as required under Section 429.177, F.S.; and 14. A copy of the facility's resident elopement response policies and procedures. (b) Prior to or at the time of admission, the resident, responsible party, guardian, or attorney in fact, if applicable, shall be provided with the following: 1. A copy of the resident's contract which meets the requirements of Rule 58A-5.025, F.A.C.; 2. A copy of the facility statement described in paragraph (a) of this subsection if one has not already been provided; 3. A copy of the resident's bill of rights as required by Rule 58A-5.0182, F.A.C.; and 4. A Long-Term Care Ombudsman Council brochure which includes the telephone number and address of the district council. (c) Documents required by this subsection shall be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can	A 009			

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A 009	Continued From page 2 communicate the information to the resident. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have a copy of the facility's resident elopement response policies and procedures included in admission package for 1 out of 2 (#1, & 2) sampled residents. Findings include: Record review found that resident #1 did not have a copies of the facility's resident elopement response policies and procedures and the facility's policy. On _____ at 3:03 p.m. with the administrator acknowledge the residents admission packages did not have the elopement policy. Class III	A 009			
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident's whereabouts. The resident may travel	A 025			

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A 025	Continued From page 3 independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual including the general awareness of the resident ' s whereabouts for 1 out of 2 (#1) sampled residents. Findings include: Record review has no documentation that resident #1 left in the night on _____ after 10 p.m. by staff #3 on duty at time resident #1 left eloped from the facility. Staff #3 never documented the incident and did not follow the steps in facility protocol by did not contacting the administrator or other staff until the morning. She also never called the police to advised them the resident had left the facility.	A 025			

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A 025	Continued From page 4 The staff which came in the morning at 7:00 a.m. documented the incident and called the police. Interview with the administrator on _____ at 2:56 p.m. confirmed these findings. Class III	A 025			
A 032 SS=D	58A-5.0182(8) FAC Resident Care - Elopement Standards (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement shall be identified so staff can be alerted to their needs for support and supervision. 1. As part of its resident elopement response policies and procedures, the facility shall make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff attention shall be directed towards residents assessed at high risk for elopement, with special attention given to those with _____ and related _____ assessed at high risk. 2. At a minimum, the facility shall have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The photo identification shall be made available for the file within 10 calendar days of admission. In the event a resident is assessed at risk for elopement subsequent to admission, photo identification shall be made available for the file within 10 calendar days after a determination is made that the resident is at risk for elopement. The photo identification may be taken by the facility or provided by the resident	A 032			

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A 032	Continued From page 5 or resident 's family/caregiver. (b) Facility Resident Elopement Response Policies and Procedures. The facility shall develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures shall include: 1. An immediate staff search of the facility and premises; 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities; 3. The identification of staff responsible for contacting law enforcement, the resident 's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility shall conduct resident elopement drills pursuant to Sections 429.41(1)(a)3. and 429.41(1)(l), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility staff failed to follow written policies and procedures for responding to a resident elopement. Findings include: On _____ at Staff # 2 stated , " The staff #3 gave resident #1 his medications at 8 p.m. at night and did not see him after 10 p.m. After 10 pm he left facility and did not come back. The next day when I (staff #2) arrived at 7 a.m. I was told he never returned and called the police. The police came and police report from Hialeah police	A 032		

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A 032	Continued From page 6 case #13-8787 on ... which states he walk away from facility. " Staff #3 never documented the incident and did not follow the steps in facility protocol by did not contacting the administrator or other staff until the morning. She also never called the police to advised them the resident had left the facility. Interview with administrator on ... at 2:56 p.m. confirmed findings. Class III	A 032		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

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

Dear Administrator:

Re: CCR #2013004656

This letter reports the findings of a state complaint survey that was conducted on 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after 6/20/2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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