STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963986	08/21/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Adam Home Inc	158 West 8th Street Hialeah, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Complaint Survey (CCR #2013006876) was conducted on . 2013. Adam Home Inc. had deficiencies found at the time of the visit.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on observations, record review, and interviews the assisted living facility failed to complete and submit 1 day initial adverse incident report for 1 out of 4 (#1) sampled residents.

Findings include:

On . 2013 at 10:35 a.m. staff B stated, "Resident #1 has always come and gone. He goes to the store, visits family. Even the neighbors around the area know him. The night before . 2013 he missed his 8:00 p.m. medications. The next morning at 7:00 a.m. when I came in, I reviewed the pass down log he still was not back. He was not here again for lunch so I called Pace and his social worker. She said he was not there. I notified the administrator, called his family and the Hialeah Police. On the second day we contacted the Hialeah Police and did the missing persons report. They then checked their system and found that he had been . The next day he was bonded out by his sister, but went straight to the hospital. Right now the only problem with him was that this morning he refused to take his medications. "

On . 2013 at 11:21 am the staff A stated, "Resident #1 has been here since 2007. He was never an aggressive resident. He is always reading. He doesn ' t even talk to the other residents. He has never been an elopement risk. Everyone in the neighborhood knows him.

On . 2013 at 11:52 am staff A stated, "I was not aware of the reporting policy, we didn't notify AHCA because he had been found and was back with us. We will review the police and make sure it is followed."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Re: CCR #2013006876

Dear Administrator:

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 (5000-3547) 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 10/9/2013 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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