STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965316	10/21/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Leo May Alf	3666 Sw 5th Terrace Miami, FL 33135	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced visit was made on - to conduct a biennial survey at your assisted living facility Leo . The following deficiencies were found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview the facility failed to contact resident case manger in regards to her general awareness of the resident, health, safety and whereabouts after she left the facility (eloped).

Findings includes:

Record review revealed facility never contacted resident (#9) case manager in regards to her eloping the administrator on . Resident's case manager was never informed that resident a nber and left the facility by being let out of the locked gated fence. Resident #9 was highly upset when she left the facility and had not taken her medication days after not returning to the facility. This resident is in need of her medications because of her mental status which may be a threat to her well being as well as being of others.

Interview with administrator (#A) on at 3:00 pm, revealed the resident had her after she tried to take resident down from facility's locked fence. Resident #9 was trying to climb over the fence when staff tried to stop her from getting hurt. Resident ran away from facility when front gate was unlocked by another resident. Once the front gate was opened resident #9 ran out of the facility premisses and did not return. Facility failed to inform the resident's case manager of the event and did not know the whereabouts of residents after she left the facility grounds. Facility never completed any records concerning any significant changes in the demeanor of the resident or any other actions taken to locate resident once she left the facility grounds. Administrator confirmed the findings in regards to supervision of the resident.

Class III

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

Based on interview and record review the facility failedto abide by residents right to refuse to take medication.

Findings include:

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Interview with administrator on - 3:00pm, stated that resident #9 did not want to take her medication when it was offered to her by staff.

Record review revealedthe resident was presctibed the following medications: 100mg tab taken at 8am/8pm/ sod ext 100mg cap take 2 caps daily at 8am/8pm.

Administrator stated the resident #9 refused to take her evening medications on before going to bed, so the administrator crushed both medications up and put them into a chocolate pudding and offered it to the resident. The resident ate the pudding and went to bed without ever knowing the medications were placed in her food. The same event happened on the next day for the resident's meals (breakfast/lunch).

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on record reviw and interview the facility failed to complete a medication observation record (MOR) document for 1 out 9 sampled residents.

Findings includes:

Record review revealed facility failed to accurately document the MOR for resident #9 when staff member A placed resident #9's medications in her food. There is no documentation of the medications were ever given to the resident at any timeframe.

Interview with administrator A in regards to not adding resident #9's name to the MOR. Staff member A stated that she forgot to place the medication information in the files during those time periods in which both medicatioons were given to the resident after she had refused to take them.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview the facility failed to have an up to date admission/discharge log

Findings includes:

Record review revealed that facility failed to have added the name and date for the admission of resident #9. The resident was transferred to the facility on around 3 pm and the facility staff failed to add her name to the admission/ discharge log.

Interview with the administrator on - at 3:00 pm, she confirmed the finding in regards to not adding the resident #9's name to the log at the time she was admitted to the facility on that date.

Class III

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

Based on record review and interview the facility failed to have completed an adverse incident report on the first day after a resident had eloped from the facility.

Findings includes:

Record review revealed that facility staff did not complete an adverse incident report in regards to a resident #9 eloping from the facility on . No records were found in regards to neither event or reported to the police of the on a staff member where there was harm nor of the elopement of the resident.

Interview with the administrator on - at 3:00 pm, she confirmed the did not file an adverse incident reports to the agency involving what occurred at the facility on those dates.

Class III

0167-Resident Contracts 58A-5.025(1) FAC

Based on record review and interview facility failed to have contract signed between the facility and 1 out of 9 sampled residents at the time of admission.

Findings includes:

Record review revealed that resident #9 did not have a signed contract on the time she was admitted to the facility on . Resident #9 did not have a completed file on record at the time she was admitted to show what her monthly rates would be nor her rights as a residents living at the facility.

Interviewed administrator on - at 3:00 pm, she confirmed the findings in regards to the facility and resident did not have a signed contract between them at the time she was admitted to the facility on .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Leo Alf
3666 Sw 5th Terrace
Miami, FL 33135

Dear Administrator:

This letter reports the findings of a state licensure 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 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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