STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966581	02/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cary's Adult Care Ii	15765 Sw 76 Terrace Miami, FL 33193	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0181 - 58a-5.026(2) Fac - Emergency Mgmt - Plan Approval S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Abbreviated Biennial Survey was conducted on , 2014 at Cary's Adult Care II. The following deficiencieswere found at the time of the visit.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview the facility failed to have proof the facility manager had the high school diploma.

Findings as follow:

Record review documented the facility failed to have documentation stating the facility manager (staff #2 hired on) had the high school diploma.

On staff #3 (caretaker) stated the manager had the high school diploma but it was misplaced.

Class III

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

Based on record review and interview the facility failed to document freedom from communicable including , on annual basis, for 1 of 4 (#1) facility staff.

Findings as follow:

Record review documented the facility failed to document freedom from communicable including for staff #1 (facility administrator) hired on . Record review documented the last freedom from communicable statement including available for review for staff #1 was dated .

On at about 1:00 p.m. staff #3 (caretaker) stated the updated freedom from communicable including statement for staff #1 was misplaced.

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Class III

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

Based on record review and interview the facility failed to have proof of an annual fie and satisfactory sanitation inspection and also failed to have proof of the elopement drills performed.

Findings as follow:

Record review documented the facility last fire inspection documentation available for review was dated and facility last sanitation inspection documentation availavle for review was dated . The facility failed to have a record of the facility elopement drills.

On at about 11:00 a.m. the facility administrator (staff #1) stated by phone) that they had the fire and sanitation inspections but had no the documentation available for review.
On at about 11:40 a.m. staff #3 (caretaker) stated could not find the facility's documentation of the facility's elopement drills.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on observation record review and interview the facility failed to have orders for the diet in 1 of 6 (#4) facility residents.

Findings as follow:

On at about 12:05 p.m. it was observed resident #4 (admitted on) eating puree for lunch.

Record review (assessment date) documented resident #4 had no order for puree diet.

On at about 12:05 p.m. staff #3 (caretaker) stated resident always eat puree because had dificulties swallowing. Staff #3 also stated though resident #4 had a prescription for puree diet but stated she was unable to find the written Physician's order.

Class III

0181-Emergency Mgmt - Plan Approval 58A-5.026(2) FAC

Based on record review and interview the facility failed to have proof of the facility emergency management plan approval by the county emergency agency.

Findings as follow:

Record review documented the facility had no proof of having an emergency management plan submitted and approved by the county agency.

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On at about 11:00 a.m. the facility administrator stated (by phone) the facility submitted the emergency management plan and it was approved. The facility administrator stated had no the proof of it available for review in the facility.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the facility failed to have an annual community living support plan, agreement and mental health assessment for 3 of 5 (#1, #2 and #5) Limited mental health facility residents and also failed to clearly identify the facility Limited Mental Health residents in the admission and Discharge log.

Findings as follow:

Record review documented:
Resident #1 admitted to facility on : had a diagnoses of
Resident # 2 admitted to facility on had a Diagnosis of
Resident #5 admitted to facility on had a Diagnosis of
And also documented resident #1, #2 and #5 last annual community support plan , agreement and mental health assessment were dated .

On at about 1:00 p.m. staff #3 (caretaker) stated the facility failed to have the up_to_date agreement, annual community support plan and mental health assessment for residents #1, #2 and #5, available for review.

Record review documented the facility residents #1, #2, #2 , #4 and #5 were Limited Mental Health residents. Review of the admission and discharge log documented the facility failed to identify the facility's limited mental health residents.

On at about 1:00 p.m. staff #3 (caretaker) stated residents #1, #2, #3, #4 and #5 were Limited Mental Health residents.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview the facility failed to have the Limited Mental Health continuing education training for 4 of 4 facility staff.

Findings as follow:

Record review documented staff #1 hired on , staff #2 hired on , #3 hired on and staff #4 hired on last Limited Mental Health continuing education training was dated .

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On at about 1:00 p.m. staff #3 (caretaker) stated they had passed the LMH continuing education trainings but they were misplaced.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview the facility failed to have proof the facility administrator (staff #1) and facility manager (staff #2) had a level 2 background screening.

Findings as follow:

Record review documented the facility failed to have proof the facility administrator had the level 2 background screening, and also documented the facility manager last background screening was made on and was Level 1.

On at about 12:30 p.m. staff #3 (caretaker) stated could not find the proof for the level 2 background screenings for staff #1 (administrator) and staff #2 (manager).

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Cary's Adult Care II
15765 Sw 76 Terrace
Miami, FL 33193

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 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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