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	AL11967012	02/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Amazing Care Inc #2	6270 Atlanta Street Hollywood, FL 33024	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0120 - 58a-5.021(1) Fac - Fiscal - Financial Stability S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Assisted Living Facility standard biennial licensure survey was conducted on . through . Amazing Care, Inc #2 had licensure deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record reviews and interviews, the facility failed to ensure that the AHCA form 1823 Health Assessment was completed for 2 of 3 records reviewed (Residents #2 and #4).

The findings are:

1. During a review of the record for Resident #2, it was noted that the resident was admitted to the facility on . There was only one Health Assessment in the record. The following required information was blank:
a. whether or not the resident had a communicable
b. whether the resident's needs can be met, and
c. if the resident had any , and
d. the date signed by the health care provider was blank.

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2. During a review of the record for Resident #4, it was noted that the resident was admitted to the facility on . . . . . The Health Assessment was reviewed and did not contain all the required information as follows:
a. the date signed by the health care provider was blank,
b. the diet required was blank, and
c. whether or not the resident had a communicable . . . . .

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview, the facility retained a resident with a pressure . . . and in addition failed to ensure that a new Health Assessment was completed after the pressure was identified, for 1 of 3 resident records reviewed (Resident #5).

The findings are:

During a review of the record of Resident #5 it was noted that the resident was admitted to the facility on . . . . . There was a physician progress note that described the resident had an "open . . . of back" and there was a home health order for skilled nurse to treat. The home health folder was reviewed and documented that the care started . . . . for open to back. On . . . . . the home health nurse documented "3 . . . . sites to back" #1 left back 4.0x2.5x0.3 .#2 right upper back 2.5x1.5x.2, #3 right lower back 4.0x1.5x.3. " moderate amount drainange. There was also a note dated . . . . . changed", and a note on . . . that the came off, "supervisor notifed ALF, states patient will be seeing urologist asap" There were further notes in the home health folder of . . . care provided in to the open wounds on the back.

Further review of the resident's record revealed only one progress note by the facility, describing that the resident was hospitalized . . . . for in stool" and no other facility notes at all. The only Health Assessment in the record was reviewed and was dated , and there was no mention of any wounds.

On at 10:00 AM, the Administrator was interviewed. He stated that he was aware that the resident had pressure sores, and acknowledged that the resident was not discharged as required when the wounds did not improve in 30 days.

Class III

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0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observations, interviews and record reviews, the facility failed to ensure that the residents received the appropriate level of supervision, for 1 of 3 residents (resident #2).

The findings are:

On at 9:30 AM, Resident #2 was observed standing in the dining at the exit door to the patio, trying to turn the door handle. The resident was and did not respond appropriately to questions. After a few minutes the staff member was observed redirecting the resident, taking him into the family assisting him to sit down. Further observations at 11:00 AM revealed the resident was still sitting in the family eyes closed. At 12:00 PM, the staff member was preparing lunch for two of the residents. When asked about Resident #2, she stated "he is sleeping". The resident was observed sitting up in the chair in the family eyes closed. At approximately 1:45 p.m., over two hours later, the resident woke up and started walking into the dining The resident was observed with socks only, no shoes, and pants legs were dragging on the floor. The staff member also observed the pants dragging on the floor and tried to pull up the pants. She said that the resident did not like to wear shoes. The resident was served a large portion of the chinese food, and started feeding himself. The staff member left the assist Resident #3. At approximately 2:07 PM, the resident was observed eating the bowl of cereal that was left on the table for Resident #4. By the time the staff member returned to the dining the resident had already finished the cereal. The staff member was interviewed and reported she did not know that Resident #2 had eaten Resident #4's cereal.

Review of Resident #2's Health Assessment without a date revealed the resident required assistance with all ADLs.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observations and interviews, the facility failed to provide an ongoing activities program.

The findings are:

During observations on the posted activity calendar listed current events scheduled for 1:15 P.M. As of 3:00 PM, no current events activity was conducted and there were no scheduled activities occurring. During a confidential resident interview conducted on one of the residents reported that they have activities twice a week. During an interview with staff member C on

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at 10:00 AM, the staff member reported that she "talks to the residents" when asked about scheduled activities. During an interview with the Administrator on at 10:00 AM, he acknowledged the findings.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observations, and interview, the facility failed to ensure that residents had a right to a safe and decent living environment.

The findings are:

On at 12:00 PM, Staff member C was observed working in the kitchen, assisting residents, housecleaning and other activities without washing her hands. At 12:00 PM, she served lunch while wearing disposable gloves. She returned to the kitchen but did not wash hands in between changing gloves. At 12:20 PM, she removed the gloves and was observed washing hands at the kitchen sink. Further observations revealed she did not use any soap and there was no soap or paper towels at the sink. The staff member was interviewed and said there was no soap or papertowels.
During further observations on at 1:15 PM, she carried a bag of garbage out of Resident#4's washing hands she then assisted Resident #3, then poured a bowl of cereal for Resident 4 without hand washing.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations, record reviews and interview, the facility staff did not follow the required steps when providing assistance with medications for 1 of 2 residents (resident #1).

The findings are:

On at 12:14 PM, Staff C was observed preparing to assist Resident #1 with medications. The staff member removed the medication from the locked storage area, placed it into a small cup, took the cup with the pill in it to the resident, handed it to the resident and left without informing the resident what medications she was getting, did not observed the resident take the medication and did not immediately update the MOR.

On at 10:00 AM the Administrator was interviewed and acknowledged the findings.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observations, record reviews and interviews, the facility failed to ensure that the MOR (Medication Observation Record) was maintained up to date.

The findings are:

During a review of the MOR for Resident #4 at 10:00 AM, it was noted that none of the resident's 8:00 AM doses were signed that the resident received the medications. Staff C was interviewed and said the resident was asleep, and was unable to say if the resident received the morning medications or not. The resident's medication supply was reviewed and noted that the medications for today's date had been removed from the supply.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observations, record reviews and interviews, the facility failed to ensure that medications were secure.

The findings are:

During a tour of the facility on at 9:15 AM in the Resident #5, a basket of medications and supplies was observed on top of the dresser. The was open and not locked. The basket contained prescription labelled ointments , apply to face", 2% cream, apply to affected area", 250u/g ointment , apply sparingly as directed" and an unlabelled lotrisone cream. The staff member was interviewed on at 9:20 AM and said the resident was in the hospital. The staff member said she would lock them up, but later the basket was observed on the shelf of an unlocked closet.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record reviews and interviews, 2 of 2 personnel files reviewed did not contain up-to-date documentation of freedom from communicable (Staff member A and Staff member B).

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The findings are:

During a review of the personnel files it was noted that the Administrator/Owner (Staff A) and the co-owner (staff B), owners since , did not have current documentation of freedom from communicable . Both staff members were observed to provide direct resident care on . Staff A's record documented the most recent statement from the physician was . Staff B's record documented that the last statement from a physician was dated , both over a year old.

The Administrator was interviewed on at 10:00 AM and confirmed the findings.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on record reviews and interviews, the facility failed to maintain a written work schedule which reflects the 24 hour staffing pattern.

The findings are:

On at 9:15 AM, the Administrator was requested to provide the written staff schedule. The Administrator stated that he did not have a current staff schedule available for review.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on record reviews and interviews, the administrator failed to provide documentation of the ALF core continuing education requirements for ALF administrators.

The findings are:

On at 9:15 AM, the personnel records were requested and reviewed. It was noted that the Administrator's file did not contain documentation of the required 12 hours of continuing education in topics related to assisted living facilities. The administrator was interviewed on at 10:00 AM and was unable to provide the documentation.

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Therefore, the Administrator is required to retake the ALF CORE training and competency exam (must obtain passing score).

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record reviews and interviews, 2 of 2 personnel files reviewed did not contain up-to-date documentation of continuing education in nutrition and food service topics (staff member A and staff member B).

The findings are:

During a review of the personnel files, it was noted that the Administrator/Owner (Staff A) and the Co-Owner (Staff B), did not have current documentation of the required two hours of continuing education on an annual basis for nutrition and food service topics. The last inservice for both Staff A and Staff B was dated on , over a year ago.

The Administrator was interviewed on at 10:00 AM and confirmed the findings.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations, record reviews and interviews, the facility failed to ensure that the menus were reviewed annually by a dietitian, failed to ensure that the menu was followed, failed to ensure that substitutions are noted before or when the meal is served and failed to maintain on hand a 3-day supply of non-perishable food.

The findings are:

1. On at 11:50 AM, the staff member was observed beginning lunch preparations. She removed a container of takeout chinese food from the refrigerator, and stated the residents are having chinese for lunch. She was observed placing the food into the microwave for re-heating and then was observed dishing it onto two plates. The plates were then served to two of the residents along with a large glass of water. The food served to the residents consisted of a large portion of lomein noodles with a few shrimp. Both residents were observed eating the entire amount and said it was good. At approximately 12:10 PM, the residents were served powdered doughnuts for dessert.

The posted menu was reviewed and noted to be expired as the date on the menu documenting the dietitian's review was through . The menu listed: 8oz soup, bologna and cheese sandwich, 1/2 c sliced cucmbers, 1/2 c jello, 8 oz beverage. There were no substitutions noted before

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or at the time the meal was served. The staff member was interviewed on at 12:15 PM and when requested, looked at the posted menu. She was unable to say why the menu was not followed and why the substitutions were not noted.
2. During further interview with the staff member on at 12:30 PM, she did not know where the 3 day non perishable food supply was located. She opened a few cabinet doors and the non perishable food present did not meet the amount required for a 3 day supply for the four residents.
3. During observations on at approximately 2:30 PM, the staff member removed uncooked chicken from the freezer and placed it in the kitchen sink without turing on the water to ensure safe defrosting of the chicken. After a few minutes she was observed placing the chicken into another container and placing the container on the counter. After another 15 minutes, at approximately 3:00 PM, she was asked if she knew how to properly thaw frozen uncooked meat, and she was unable to respond. After surveyor intervention she made preparations to immediately cook the chicken.

Class III

0120-Fiscal - Financial Stability 58A-5.021(1) FAC

Based on interviews, the facility failed to be administered on a sound financial basis.

The findings are:

On at 10:00 AM, the Administrator was interviewed and reported that the day before, on he was in court related to Chapter 13 bankruptcy. He stated that a 5 year plan was approved. He stated that there is no problem paying bills for the facility, including electric and food, but that he has no financial records available for review.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observations and interviews, the facility failed to ensure that residents were provided a safe living environment free from hazards, and failed to maintain all electrical and mechanical systems in good working order.

The findings are:

1. On at 9:00 AM during a tour of the facility, it was observed that the built in cabinet adjacent to the dining table was in disrepair. The cabinet was equipped with drawers on either side, and none of the drawers had any handles. At least three of the drawers had a screw protruding out where the handle was supposed to be attached. There was a resident observed ambulating in the vicinity of the cabinet.

2. On at 9:00 AM in the dining was an unsafe accumulation of supplies including a wheelchair, walker and a dining placed against the wall. On the dining

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chair there were 4 large red storage bins piled on top of each other, and several wheelchair leg rests on top of that. The same ambulatory resident was observed in the vicinity.

3. On at 11:00 AM and again at 1:30 PM, Resident #3 was overheard yelling for the staff member to clean up the water on the floor in his At 1:30 PM, an interview was conducted with the resident and the floor in his observed to have water puddling by the closet. The resident stated that the water was from the air conditioning unit. The staff member was interviewed and stated that she was aware that the water was leaking from the a/c unit and that a repairman had been contacted earlier by the Administrator. A few minutes later the water was observed spilling gradually out into the hallway. The staff member again cleaned it up, and then she switched off the a/c unit to stop the leaking water.

4. On at 9:00 AM during a tour of the facility, it was observed that all the door frames were in disrepair as they were gouged down to the wood beneath the paint. There were black marks on the doors and walls in addition to the door frames. There was a hole in the wall in the family

5. The a/c return vent was observed to be coated with a thick layer of dirt and dust.

The Administrator was interviewed on at 10:00 AM and acknowledged the findings.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on interviews and record reviews, the facility failed to have a personnel file for each staff member for 1 of 3 personnel records (Staff C).

The findings are:

During a review of the personnel records it was noted that only the Administrator and Assistant Administrator (co-owner) had personnel files available for surveyor review. The staff member C, observed providing direct care to residents on and , had no file. The Administrator was interviewed on at 10:00 AM and said there was no personnel record for staff member C.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview, the facility failed to ensure that the resident records contained semi-annual weights, for 3 of 3 records reviewed (Residents #2, #4 and #5).

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The findings are:

1. During record review it was noted that Resident #2 was admitted to the facility on . There were no weights documented in the record for the resident, who was observed on the day of the survey requiring assistance with ADL's.
2. During record review for Resident #4, it was noted that the resident was admitted to the facility on . There was no documentation of an admission weight for the resident.
3. During record review for Resident #5, it was noted that the resident was admitted to the facility . There were no weights documented in the record for the resident who did require assistance with ADLs.

The administrator was interviewed on at 10:00 a.m. and no additional information was provided.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Amazing Care Inc #2
6270 Atlanta Street
Hollywood, FL 33024

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on , 2014 by a representative from 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 **, 2014** 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

J. Mayo-Davis, Supervisor

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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