STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963986	03/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Adam Home Inc	158 West 8 Street Hialeah, FL 33010	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= B

Specific Tag Findings:

0000-Initial Comments

A Complaint (2014002554) Investigation Survey was completed on [redacted]. Adam Home Inc had deficiencies at time of survey.

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

Based on record review and interview the assisted living facility failed to ensure that 1 out of 2 (#1) sampled medication observation records were initialed by the facility after the medication was given to the resident.

Finding include:

Medication observation on [redacted] at 9:45 a.m. found that resident #1's [redacted] 50 milligrams (mg) and Janavia 100 mg were not in the bingo card for [redacted].

Record review found that resident #1's medication observation record for [redacted] 50 mg and Janavia 10 mg was not initialed by the facility.

The MOR and bingo card for resident #1 were reviewed with the administrator on [redacted] at 9:54 a.m. She acknowleged that the medications were not in the bingo card and confirmed that the MOR was not initaled for [redacted].

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observations and interview the assisted living facility failed to ensure that resident [redacted] from free from odor and window had screens.

Findings include:

Facility tour on [redacted] at 8:47 a.m. found that several of the resident [redacted] at the facility had a very strong odor that appeared to be cigarette smoke as you entered the [redacted]. Also there were windows in [redacted] and the [redacted] that did not have window screens.

Interview with the morning staff member on [redacted] at 8:47 a.m. revealed that each [redacted] no smoking signs but residents still smoke. Interview with the same staff member on [redacted] at 9:56 a.m. revealed that window screens for the window were ordered.

Class [redacted]

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

CCR#2014002554

Dear Administrator:

This letter reports the findings of a state complaint 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 5/21/2014 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 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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121