STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963986	06/02/2014
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)		

Revisit Corrected Tags:
0152-Physical Plant - Safe Living

Revisit Repeat Tags:
0054-Medication - Records-58a-5.0185(5) Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An Follow up to Complaint Survey (2014002554) was conducted on 02, 2014. Adam Home Inc. had a deficiency found at time of survey.

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

Based on record review and interview the assisted living facility failed to maintain 1 out of 17 (#1) sampled resdent's medication observation records (MOR) were accurate.

Finding include:

Medication observation on at 12:01 p.m. found that resident #1's 8 a.m. medications: 5mg, 80 mg, 20 mg were not in the bingo card for

Record review found that resident #1's 8 a.m. medications: 5 mg, 80 mg, 20 mg was not initialed by the facility.

The MOR and bingo card for resident #1 were reviewed with the administrator on at 12:45 p.m. She acknowledged that the medications were not in the bingo card and confirmed that the MOR was not initialed for

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a complaint revisit survey conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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. 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:kb
Enclosure

BBT7

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