STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	07/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emanuel Residence Aclf	343 W 44th Street Hialeah, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
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 - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments
A Complaint Investigation (#2014006425) survey was conducted on . Emanuel Residence ACLF had deficiencies identified during the survey.

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

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

Findings include:

Review of the facility's admission/discharge log revealed resident #3 was noted as discharged on . Resident #3 was present at the time of the survey and was observed during the initial tour on at 9:30 am to be in her . Further review of the log revealed that resident #2 and #8 ... not listed at all. Both residents were observed in the facility on .

Interview with the administrator on at 12:30 pm revealed she confirmed the admission/discharge log was not updated.

Class III

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

Based on record review and interview, the facility failed to ensure resident records were complete and accurate for 3 of 8 sampled residents (#2, #5, and #7).

Findings include:

Record review revealed resident #2's record had no contract, no health assessment, no monthly accounting log for ( ), and multiple documents that were not signed by the resident or the resident's representative.

Record review of resident #5's monthly account log revealed there was no indication he received from 2013 through 2014. There was also no indication he received funds in . Addi , the amounts noted ranged from $18 to $20 and were not the full amount of $54 ( ).

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Record review of resident #7's monthly account log revealed he was given $54 ( ) a month up through 2014. After that, there were two updated instances where he signed for getting $54. The rest of the form was blank.

Interview with the administrator on at 9:55 am, she confirmed the missing documentation for resident #2. Further interview with her at 10:50 am, she stated residents' #2, #5, and #7 received She confirmed that the amounts received on the log for resident #5 varied and that there were missing dates for both resident #5 and resident #7.

Class III

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review, and interview the facility exceeded its licensed capacity of six (6) beds.

Findings include:

Record review revealed the facility was licensed for 6 beds.

Observation during the initial tour of the facility revealed residents #1 #2, #3, #5, and #7 were observed in the facility. Staff A indicated one of the beds in the the front of the facility was for resident #4. There were a total of 7 beds observed at this time.

Observation on at 10:00 am revealed a male was observed in the facility's back yard entering the facility's scre porch. Staff member A opened the back door and said something to him and he turned around and left. She indicated it was resident #8 and that he lived here. She then said he was resident #6. She said there were 6 residents living in the house. Resident #2, who was seated in the living TV at the time, overheard the question as to how many residents lived in the house and siete (seven)."

Interview with the administrator on at 11:20 am revealed she said there were 6 residents and 1 day care. She identified resident #4 as day care.

Review of the admission/discharge log revealed resident #4 was not noted as day care.

Review of resident #4's record revealed there was no day care contract. There was an Assisted Living Facility contract signed on

Interview with resident #5 on at 11:45 am, he named sampled residents #2, #3, #4, #6, #7, and #8 and said they lived in the facility.

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Observation immediately following the above interview revealed the facility wall extending into the patio had a section cut out of it with dry wall up. After walking around to the east side of the house through the back yard, there was a door observed. Upon entering the door, resident #8 was observed. He identified his bed. There was another bed that was not resident #8's. At that time, resident #8 said he took many medications and that the medications were stored in the other part of the facility. Resident #8's medications were found to be centrally stored in the facility's medication closet, hidden in the back away from the other resident medications.

Review of resident #8's medications revealed the following morning medications: 20 milligrams(mg), tartate 25 mg, 250 mg, 10 milliequivalent (MEQ), Desyiate 5 mg, 400 mg. He had 250 mg for a noon medication. His evening medication included: 10 MEQ, 5 mg, Amitryptaline 100 mg, 400 mg, 20 mg, Tartate 25 mg, 250 mg. There was a Medication Observation Record with staff initials indicating the resident received all of his medications for each dose.

Interview with the administrator on at 12:30 pm revealed she confirmed being overcapacity.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_ , 2014

Administrator
Emanuel Residence ACLF
343 W 44th Street
Hialeah, FL 33012

RE: CCR #2014006425

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey that was conducted on 10, 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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