STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967365	**07/29/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
All Usa Home, Inc	**4214 Sw 3 Street Miami, FL 33134**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And . . S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

An standard biennial survey was conducted on . All USA Home.Inc Assisted Living Facility Home had deficiencies found at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC

Based on record review and interview, the facility failed to ensure 1 out of 6 sampled resident include a written informed consent for unlicensed staff assisting the resident with the self-administration of medication.

The findings include:

Resident record review for Resident #5 did not have evidence that a written informed consent was obtain from the resident or resident's surrogate, guardian, or attorney-in-fact's.

On at about 1:00 PM the facility administrator stated that he provides assistance with the self-administration of medication to Resident #5 and confirms he is not licensed staff.

Class III

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

Based on record review and interview the facility failed to have a completed Health Assessment for 1 out of 6 sampled resident (Resident #4).

The findings include:

Record review for sampled Resident #4 (admitted) conducted on found no completed health assessment form (AHCA Form 1823).

Interview with the facility administrator on at 1:30 PM stated that in-fact the examining physician had not completed the health assessment for Resident #4.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967365	07/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
All Usa Home, Inc	4214 Sw 3 Street Miami, FL 33134	

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

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation and interview the facility failed to obtain a written physician's order for use of a half-bed rail for 2 out of 6 sampled residents (Resident #4 and #5).

The findings include:

During the facility tour on at 9:30 AM, half bed rails were observed on Resident #4 and #5 bed.

Record review showed Resident's #4 and #5 did not have any documentation of written physician's order for the use of ½ bed rails.

Interview conducted with the facility administrator on at 1:00 PM confirmed that the facility did not obtain a written physician's order for use of a full-bed rail for Resident #4 and #5.

Class III

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

Based on record review and interview, the facility failed to keep on file an updated documentation of freedom from for 2 out of 2 staff records reviewed (Staff #A and B).

The findings include:

Personnel record review on revealed that Staff A and B did not have annually documented proof of freedom from . The last statement on file for Staff A was dated and for Staff B was dated was dated .

On at about 1:00 PM, the facility administrator stated that the facility did not have the updated documentation of freedom from for Staff A and B.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview the facility administrator failed to participate in 12 hours of continuing education in the last 2 years.

The findings include:

Record review for the facility administrator (hired), had no documentation of 12 hours of continuing education in the last 2 years.

On at about 2:00 PM the facility administrator stated that he did not participate in 12 hours of continuing education in the last 2 years.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967365	07/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
All Usa Home, Inc	4214 Sw 3 Street Miami, FL 33134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on observation, record review and interview, the facility failed to ensure that Staff A and B were trained in and First Aid.

The findings include:

Observation conducted on revealed that Staff A was the only staff member at the facility with the residents and assisting with personal care.

Personnel record review on revealed Staff A and B did not have current training in and First Aid. Staff #A's training expired on and Staff #B's training expired on .

Interview conducted with the facility administrator on at approximately 2:00 PM confirmed that Staff A and B did not have current training in and First Aid.

Class: III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for 2 out of 2 staff (Staff A and B).

The findings include:

Record review for Staff A (caregiver, hired), and B (administrator, hired) had no documentation that they received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF. Staff #A training expired on , and Staff #2 training expired on .

On at about 1:20 PM the administrator stated that he and Staff A assists the residents with self-administered medications and confirmed they had no received the additional training.

Class III

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

Based on record reviews and interview, the facility failed to ensure that 1 out of 5 (#5) residents' record includes required documentation of power of attorney.

The findings include:

Record review conducted on revealed that resident #5's file contains documents which have the signature of resident's #5 sister. Further record review of resident #5's file did not reveal the required documentation designating resident #5's sister as the health surrogate, power of attorney, or guardian.

On at approximately 2:00 PM, an interview was conducted with the facility administrator. When

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967365	**07/29/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
All Usa Home, Inc	**4214 Sw 3 Street Miami, FL 33134**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

questioned about the required power of attorney documentation for Resident #5, the facility administrator acknowledged and confirmed that the required documentation was not on file.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview, 1 out of 5 resident records (Resident #5) reviewed did not contain a resident contract with the facility executed at or prior to admission.

The findings include:

Record review on at approximately 10:00 AM revealed that for Resident #5 (admitted on) the facility had not executed a contract with the resident.

Interview conducted with the facility administrator at approximately 1:30 PM revealed that in-fact, the facility had not executed and entered into a contract with Resident #5.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
All Usa Home, Inc
4214 Sw 3 Street
Miami, FL 33134

Dear Administrator:

This letter reports the findings of a standard biennial 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, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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