STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967405	08/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Assistant Living Facility Inc	3900 Sw 122 Avenue Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency 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 - 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(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
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 - 0164 - 58a-5.024(4) Fac - Records - Inspection Availability S-S= D
St - A - L242 - 58a-5.029(3) Fac - Lmh - Responsibilities Of Facility S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2014. There were deficiencies identified during the survey.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observations, record review, and interview, facility failed to ensure that 1 of 4 (#4) residents met the continued residency criteria. The facility failed to ensure that 1 of 4 (#4) residents were able to perform activities of daily living (ADLs).

Findings included:

1. Observation of resident 4 on at 10:05 a.m., she was sitting in the front the facility (community). The resident was talking loud to herself at times during the survey. The resident did not appear to be able to do perform ADLs. Resident sat in the chair for the entire survey.

2. Resident #4's health assessment documented that she was not able to perform 6 out of the 7 ADLs in section A. Activities of Daily Living stated : Ambulation-total/ Bathing total/ Dressing- total/ Eating -Assisting/ Self Care -total/ Toileting-total/ Transferring-total. The health assessment stated she needed total care by the ....o completed it on .

3. Interviewed administrator on at 3:00 pm she confirmed that resident #4 was not in hospice and she needed total care services.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

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Based on observation and interview, facility failed to have a monthly activities calendar at the time of the survey.

Findings included:

1. Observations on at 10 am found that the facility's activity calendar on the bulletin board was for the month of 2014.

The facility staff could not explain why they did not have the month of 's activity calendar on the board at the time of the survey.

2. Interviewed administrator on at 3:00 pm, she confirmed the findings in regards to the facility not having month of 's activity sheet. ...strator stated she had forgot to change the calendar when it was time to do so for ...nth.

Class III

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

Based on record review and interview, facility failed to a doctor's order to use half bed rails and a signed consent form for the use of half bed rails for 1 of 4 (#4) residents.

Findings included:

1. Observation during tour on at 10 am of had 2 sets half bed rails on resident #4's bed on both sides.

2. Record review revealed that resident #4 did not have a signed and dated prescription for half rails nor did she have a signed and dated consent form for bed rails signed by a guardian, Power of Attorney or legal representative.

3. Interviewed administrator on at 3 pm, administrator confirmed that resident #4 did not have a prescription written from a doctor for the half bed rails on her bed or a signed and dated consent form for the rails by the resident or any legal party representing the resident.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview, facility failed to have medications locked up in the refrigerator. The facility failed to dispose medications belonging to a resident who has discharged from the facility.

Findings included:

1. Observation on at 10:30 am found unlocked medications in the facility's refrigerator. The medications found were ...illigrams (mg) intensol 2 mg/ milliliters (ml) 30 ml, and Dexametha... .../ml soln.

Staff stated during the tour that the medications belonged to a resident who no longer lived in the facility.

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Class III

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

Based on record review and interview facility failed evidence that 1 of 3 (employee A) sampled employees had a negative ( ) examination annually.

Findings included:

1. Record review revealed that employee A (administrator/owner) did not have evidence of negative examination annually in her file for review. The last physical examination was dated .

2. Interviewed administrator on at 3:00 pm, she confirmed the findings that her physical examination was not up to date.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observations, record review, and interview, facility failed to have an employee with First Aid and at all times in the facility. The facility failed to maintain a written work schedule that reflected its 24 hour staffing pattern.

Findings included:

1. Observations on at 10 am found that staff B was at the facility caring for four residents alone.

2. Record review revealed that employee B (caretaker) started working at the facility on . She did not have any training in the areas for First Aid/ . Record review found that the facility's staff schedule documented that two staff members were schedule to work on from 7 am to 7 pm.

3. Employee B stated that she was the live in staff member.

Interviewed administrator on at 12 noon, she confirmed the findings that employee B was the only staff on duty at the time of the survey. She stated that employee B was a new employee and did not any training in the areas for First Aid/ . She stated that employee B was in charge of the 4 residents in her care.

Class III

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

Based on record review and interview, facility failed to have an administrator who passed the core competency test.

Findings included:

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1. Record review revealed that the administrator only had her training for 26 hours of the core training dated . There was no documentation proving she has passed the core competency examination.

Administrator started her employment at the facility on ; she has taken the exam in the past but did not pass at that time. Checked the Core competency test website for administrators who have passed the exam, she did not have any results.

2. Interviewed administrator on at 3:00 pm, she stated that she did not pass the core exam and would be taking the next exam as soon as possible. At the time of the survey the facility did not have a core trained administrator. The administrator stated that the facility has not had an administrator in the last three to four weeks.

Class III

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

Based on interview and record, facility failed to have a trained employee to provide assistance with self-administration of medications to residents. The facility failed to ensure that 1 of 3 (employee B) had a minimum of 4 hours of medication training prior to assisting residents with medications.

Findings included:

1. Interviewed employee B (caretaker) at 10:12 am on she stated that she passed out the 8 am medications to the residents (census 4) that morning. She stated that she has only worked at the facility for only three weeks.

Interviewed administrator on at 11:00 am , she confirmed the findings that the facility did not have a trained employee in the facility at time of survey, who has received the medication training.

2. Record review found that employee B did not have a minimum of 4 hours of medications training. The employee started on and did not have any training in this areas.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interview facility failed to have 1 of 3 (administrator) sampled employees to have a minimum of 2 hours of Nutrition and Food Service training.

Findings included:

1. Record review revealed that employee A (administrator) did not have at least 2 hours of Nutrition and Food Service training. Record review found that the administrator's last training was dated for 1 hour of Nutrition and Safe Food Handling.

2. Interviewed administrator on at 3:00 pm, she confirmed the findings in regards to not having her up dated 2 hour training in Nutrition and Food Service at the time of the survey.
Class III

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

Based on observation and interview, facility failed to provide a safe and clean environment for the safety of it's residents.

Findings included:

1. Observation during the tour on at 10:30 am found that on back area of the facility there was a pile of old/used tiles some which were broken up and old/used paint cans.

2. Interviewed administrator on at 3:00 pm, she confirmed the findings in regards to the facility having the old tiles and empty paint cans in the back yard. She stated they should not be in that area of the facility because there are limited mental health (LMH) residents living in the facility and the residents sit out in the same area at times.

Class III

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

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

Findings included:

1. Record review found that resident #4 was not documented on the facility's admission and discharge log.

2. Interviewed administrator on at 3:00 pm, she confirmed the findings and also stated that she had not completed a chart with all of the necessary documents needed for resident #4 at the time of her admission to the facility.

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

Based on record review and interview, facility failed to have any demographic information for this resident or a chart completed with all necessary documents at the time of admission for 1 of 4 (#4) residents.

Findings included:

1. Record review found that resident #4 did not have a completed resident record. There was no evidence of a completed demographic sheet, orders, weight records, informed consent for unlicensed staff members to assist with medications, contract, or the facility's admission package for resident #4.

2. Interviewed administrator on at 3:00 pm, she confirmed the findings and also stated that the facility had not completed a chart for resident #4 with all of the necessary documents needed at the time of her admission to the facility. She confirmed that resident #4 did not have a signed and dated contract with the facility There was no emergency information or family members to contact in case of any emergency.

Class III

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0164-Records - Inspection Availability 58A-5.024(4) FAC

Based on observation and interview, facility failed to allow access to the residents records and employee records at the time of entry of the facility to complete survey process.

Findings included:

1. Observations on at 10:00 am, found that employee B (caretaker) did not have access to resident and employee records.

2. Employee B. stated that the owner/administrator did not allow employees to have a key to the files when she (administrator) is not present in the facility. The administrator did not arrive to the facility till 11:30 am to unlock the files for review.

Phone interview with the administrator on at 10:20 am, she stated that she was not in the Miami area at that time because she was at that time in Palm Beach. She stated the reason why she did not let employees have access to records was because she did not trust them. The last employee was fired for miss using resident information from residents charts and that's why she did not leave a key at the facility.

Class III

L242-LMH - Responsibilities of Facility 58A-5.029(3) FAC

Based on record review and interview, facility failed to have 3 of 4 (#1, #2, and #3) residents with Community Living Support Plans that were updated annually.

Findings included:

1. Record review revealed that residents #1,#2, and #3 had out dated Community Living Support Plans in their files at the time of the survey.

Resident #1 was admitted on and the last Community Living Support Plan was dated
Resident #2 was admitted on and the last Community Living Support Plan was dated
#3 was admitted on and the last Community Living Support Plan was dated

2. Interviewed administrator on at 3:00 pm, she confirmed that all three residents plans had not been updated annually and she would contact the residents case managers to correct the plans for each resident.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on observations, record review, and interview, facility failed to ensure 1 of 3 (B) employees to have a completed level II background screening prior to providing care and services to a census of 4 residents.

Findings included:

1. Arrived to the facility on at 10 am, found employee B (caretaker) alone in the facility providing care

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and services to a census of 4 residents.

2. Interview with employee B on at 11 am revealed that she has been working at the facility for about a month. She helps residents with medications and cares for the residents.

Interviewed administrator on at 3:00 pm she confirmed the findings that employee B did not have her level II background screening in her file at the time of the survey. The administrator/owner was not in the city of Miami at that time and the other full time employee was not on duty on that day .

3. Record review revealed that employee B started on . Record review found that employee B did not have a completed Level II background screening at the time of survey.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Assistant Living Facility Inc
3900 Sw 122 Avenue
Miami, FL 33175

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 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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