STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968378	09/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Holy Family Group Home Alf Inc	920 Sw 93 Avenue Miami, FL 33174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff 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 - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A standard biennial survey was conducted on . Holy Family Group had the following deficiencies at the time of the survey.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview the facility failed to have a record of significant changes in 1 of 2 (#2) sample residents).

Findings as follow:

Record review showed the facility failed to document when resident #2 developed an . Record review of the Home Health, Case Management Communication note, dated , showed resident #2 was seen for the nurse of the Home Health agency for an initial assessment and care. Record review showed the facility failed to have the assessment and the plan of care and notes about the resident #2 treatment and present condition from the Home Health agency.

Record review of resident #2's health assessment (dated:) noted the resident had no .....

On at 11:00 a.m. the facility administrator stated a Nurse from the Home Health agency came to take care ot resident's #2 and confirmed the facility failed to document the change in condition (development) of resident #2 on the 1823 form and failed to have the documentation about the initial and actual condition and treatment of resident #2 from the Home Health agency.

Class III

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

Based on observation, record review and interview the facility failed to honor 1 of 3 (#2) facility residents rights.

Findings as follow:

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On at 7:25 a.m. it was observed resident #2 (admitted on) in bed, with a quarter bed rail up, in the right side of the bed.

Record review showed the facility failed to have the prescription for the use of the quarter rail for resident #2.

On at 10:00 a.m. the facility administrator confirmed the facility had no a bed rail prescription for resident #2.

Class III

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

Based on observation, record review and interview the facility failed to chart MOR appropiately for 2 of 3 (#1 and #3) facility residents.

Findings as follow:

On at about 7:30 a.m. staff B was observed assisting resident # 1 with self administration of medications and at 7:50 a.m. was observed assisting resident #3 with self administration of medications.

Record review documented the Medication Observation Record (MOR) for resident #1 and #3 did not document the time for medication administration. The MOR only documented AM, PM.

On at 7:30 a.m. the facility administrator (Staff A) confirmed the MOR for resident #1 and #3 did not document the time of medication administration..

Class III.

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

Based on record review and interview the facility failed to have documentation of freedom from for 2 of 2 (Staff A and B) facility staff.

Findings as follow:

Record review documented the facility failed to have documentation on an annual basis of freedom from for staff A (hired on) and staff B (hired on).

Record review documented the last freedom from communicable including for staff B was dated . There was no documentation that staff A had documentation of being free from communicable including .

On at 10:15 a.m. the facility administrator confirmed neither staff A nor staff B had the documentation of freedom from ( ) made in the last year.

Class III

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

Based on observation, record review and interview the facility failed to have 2 of 2 (Staff A and B) facility staff trained in assisting residents with self administration of medications (4 hours)

Findings as follow:

On at 7:30 a.m. staff B was observed assisting resident #1 with self administration of medications. At 7:50 a.m. staff B assisted resident #3 with self administration of medications.

Record review documented the facility failed to have documentation of the initial medication training (4 hours) for staff A (administrator hired on) and staff B (caretaker hired on).

Record review documented the facility had documentation of 2 hours continuing education for staff A ( ) and B dated ( ).

On at 10:40 a.m. the facility administrator stated the facility failed to have the medication training (initial 4 hours) for staff A and B.

Class III

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

Based on observation, record review and interview the facility failed to have 2 of 2 (A and B) facility staff trained in Nutrition and food service.

Findings as follow:

On at 7:30 a.m.staff B (caretaker) was observed preparing and serving breakfast. At 11:00 a.m. it was observed staff A (administrator) preparing food for lunch in the Kitchen.

Record review documented the facility failed to have documentation of the Nutrition training for staff A (hired on) and staff B hired on)

Record review documented the last Nutrition and food service training for staff B was dated .

On at 11:30 a.m. the facility administratorconfirmed they had no the Nutrition training and added the Nutrition and food service training for staff B was not up-to-date..

Class III

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

Based on record review and interview the facility failed to perform 2 elopement drills per year.

Findings as follow:

Record review documented the facility failed to have documentation of the 2 elopement drills performed per year.

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On at 10:40 a.m. the facility administrator stated the facility had not performed the 2 elopement drills per year.

Class III.

0161-Records - Staff 58A-5.024(2) FAC

Based on observation, record review and interview the facility failed to have documentation of the background screening level 2, available for review, for 2 of 2 facility staff (A and B). The facility also failed to have an employment application with references for staff A.

Findings as follow:

On at about 7:25 a.m. there were observed staff A (hired on) and B (hired on) in facility.

Record review documented the staff A and B background screening level 2 was made on but facility failed to have the background screenings results available for review..

Record review documented the facility failed to have an application with references for staff A (facility administrator).

On at 10:00 a.m. the facility administrator (staff A) showed the facility failed to obtain the background screening results for staff A and B and failed to complete an application for staff A.

Class III

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

Based on record review and interview the facility failed to have the orders for services for 1 of 3 (#2) facility residents.

Findings as follow:

Record review showed resident #2 was receiving Home Health services for an treatment. Further record review showed the facility failed to have an assessment documenting resident present condition , a plan of care from the Home Health agency documenting the services and treatment required by resident #2 and documentation and notes of the visits and treatment performed to resident.

On at 10:00 a.m. the facility administrator (Staff A) confirmed the facility failed to have the assessment, plan of care, notes and visit log from the home health agency who is providing care to resident #2.

Class III

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L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview the facility failed to have 2 of 2 facility staff (A and B) trained in working with Limited Mental Health residents.

Findings as follow:

Record review showed the facility has an standard license with Limited Mental Health (LMH) component

Record review showed the facility failed to have documentation of staff A (hired on) and staff B (hired on) Limited Mental Health training (LMH).

On at 10:30 a.m. the facility administrator (staff A) confirmed, the facility failed to have staff A and B trained in working with limited mental health (LMH) residents.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview the facility failed employ or contract a nurse(s) to provide such services as needed by residents.

Findings as follow:

Record review showed the facility has an standard license with limited nursing servises (LNS) component

Record review showed the facility failed to have documentation of a Contract between the facility and a Nurse to provide Limited nursing services to facility residents.

On at 10:40 a.m. the facility administrator stated the facility had no a contract with a nurse.

Class III.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , , , 2014

Administrator
Holy Family Group Home Alf Inc
920 Sw 93 Avenue
Miami, FL 33174

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 2, 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

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