STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967458	09/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Dade County Adult Living Facility Group Corp	15135 Sw 128 Court Miami, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Dade County Adult Living Facility Group Corp. had the following deficiencies at time of the survey:

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

Based on observation and interview, the facility failed to ensure over the counter (OTC) products were locked or in a secured location when 1 out of 5 (#5) residents are absent from their .

Findings included:

On at 09:20 AM during tour of # observed the following unsecured medications on top of a chest and stool softener 100 milligrams (MG).

On at 10:15 AM administrator stated, "We have to check the better in the morning, resident #5 comes and goes, she goes out to the store and buys these medications, I have to talk to her so she understands."

Class III

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC

Based on observation and interview, the facility failed to ensure all centrally stored over the counter (OTC) products were properly labeled.

Findings included:

On at 09:20 AM during tour of # observed the following unlabeled medications on top of a chest and stool softener 100 milligrams (MG).

On at 10:15 AM administrator stated, "We have to check the better in the morning, resident #5 comes and goes, she goes out to the store and buys these medications, I have to talk to her so she understands."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967458	**09/23/2014**
NAME OF PROVIDER OR SUPPLIER **Dade County Adult Living Facility Group Corp**	STREET ADDRESS, CITY, STATE, ZIP CODE **15135 Sw 128 Court Miami, FL 33186**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview, the facility failed to ensure 1 out of 2 sampled residents (#5) had a executed contract at admission.

Findings included:

Review of resident #5's file revealed there was not a resident contract in the resident file. Resident #5 was admitted to the facility on / .

On at 12:50 AM. staff A., Administrator stated, "It's my responsibility, I should have already had a contract in her file."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Dade County Adult Living Facility Group Corp
15135 Sw 128 Court
Miami, FL 33186

Dear Administrator:

This letter reports the findings of a Standard Biennial survey that was conducted on 23, 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

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