

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966920	(X3) DATE SURVEY COMPLETED 01/12/2015
NAME OF PROVIDER OR SUPPLIER Good Life Alf, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 7746 Nw 201 Terrace Hialeah, FL 33015	
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 - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
 St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
 St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on 1/12/2014. Good Life ALF had the following deficiencies at time of the survey.

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

Based in observation, record review and interview the facility failed to ensure 1 out of 6(#3) residents that no longer met admission criteria.

Findings included:

Observation during facility tour on 1/12/2014 @ 8:30 am revealed that Resident #3 was in room #3 sleeping.

Further observation during lunch on 1/12/2014 @ 12:00 pm revealed that Resident #3 did not eat in the main dining room. The rest of the residents (#1, 2, 4, 5, and 6) because Staff A fed resident #3 in room #3 (on bed). Moreover, at 1:30 pm, Resident #3 was still on bed.

An interview on 1/12/2014 @ 1:45 pm revealed that the administrator stated, " Resident #3 cannot walk, and I am in the process to call Hospice for an assessment to resident #3. "

Class III

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

Based on observation and interview the facility failed to have Out of The Counter (OTC) medication locked.

Findings included:

Observation on 1/12/2014 at 9:00 am revealed that there were two bottles of Pink OTC medication inside of the refrigerator unlocked.

Interview on 1/12/2014 at 9:30 am with administrator and staff A revealed that they did not know that out of the counter medication needed to be locked.

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Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation and record review the facility failed to have medications labeled.

Findings included:

Observation on 1/12/15 @ 8:30 am showed that there were two unlabeled bottle of medications (Pink) in the refrigerator.

Further observation on 1/12/15 @ 8:45 am showed that there were unlabeled medications (Fish Oil 1,200 mg, Formula,) and) in the medication storage.

An interview on 1/12/15 @ 9:10 am with staff A showed that the medications belong to her, and she did not know that they need to be labeled.

An interview on 1/12/15 @ 10:00 am with administrator stated, "The medications belongs to staff A; however, I understand that they needed to be labeled."

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 have the initial (4 hours) and update (2 hours) for assistance with self-administration of medication training for 3 out 5 (Administrator, A & C) sampled employees.

Findings included:

A record review on 1/12/15 at 10:30 a.m. revealed that staff C did not have any documentation for assistance with self-administration of medication (4 hours) training. Staff C's last training was dated on 1/12/15 for the update medication (2 hours) training; however, she was missing the initial training for self-administration of medication (4hours).

Further record review on 1/12/15 at 10:35 a.m. revealed that the Administrator and Staff A did not have the update medication (2 hours) training in their personnel file.

Interview on 1/12/15 @ 12:30 p.m. with administrator acknowledged that Staff C did not have the initial training to assist with self-administration of medication (4 hours). Moreover, the Administrator also acknowledged that she and Staff A did not have the update for the self-administration of medication (2 hours) in the facility at time of survey.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Good Life Alf, Inc
7746 Nw 201 Terrace
Hialeah, FL 33015

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 2015 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

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