STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964588	01/14/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ailin Living Facility	7005 W 16th Ave Hialeah, FL 33014	
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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin 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 - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on 2015. Ailin Living Facility Inc. 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 one out of six(#3) residents meet the criteria for continued residency.

Findings included:

Observation during facility tour on @ 8:30 am showed that Resident #3 was in sleeping.

Observation on @ 8:55 am showed that staff B provided a bed bath to resident #3 in

Further observation during lunch on @ 12:00 pm showed that Resident #3 did not eat in the main dining the rest of the residents (#1, 2, 4, 5, and 6).

A record review on @ 1:00 pm showed from resident #3 the following information:

Independent with ambulatory, eating and

Supervision on dressing, toilet and transfer

Assistance with bathing

An interview on @ 1:20 pm showed that the administrator stated, " Resident #3 cannot walk; she is bed bounded. " He also stated, " I will explain the family that she no longer meets the criteria to live in the facility. "

Class III

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0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on record review, observation and interview the facility failed to provide proper assistance with self-administration of medication for one out of six (#4) sampled resident s.

Findings Included:

Record review to the Medication Observation Record (MOR) on at 9:10 am revealed that resident #4 had medication 15 mg / 3 times a day) at 12:00 pm.

Observation on at 12:00 pm revealed that staff B assisted resident #4 with self-administration of medication as followed: First, staff B took a cup of water and medication. Then, she approached to resident #4 who was seating at the main dining Next, Staff B put the pill on resident #4 right hands. However, staff B did not explain the medication to resident #4, and the resident started to ask why she was taking that medication. Then, Staff B did not wait to see resident #4 swallowing the pills because she walked to the office to get the MOR and signed the medication as given.

An interview with administrator on at 2:00 pm, he acknowledged that staff B did not explain the medication, and walked away from the resident while she was assisting resident #4 with self-administration of medication.

Class III

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

Based on observations, record review, and interview the facility failed to have a written work schedule that reflects its 24 hour staffing pattern.

Findings included:

Observation on at 8:38 am revealed that there were six residents and one daycare participant in the facility; Staff B was the only staff in the facility. Also, staff B took the phone and asked the administrator and staff A to come to the facility.

Facility record review on at 10:00 am revealed that staff B was off staff A work from 5:00 pm - 8:00 am, Administrator from 9:00 am - 6:00 pm and staff C from 9:00 am - 5:00 pm.

An interview with staff B revealed that she worked in the facility as interned.

Interview on at 01:44 pm with the Administrator confirmed that the facility have six resident, one daycare participant, and Staff B working in the facility at time of survey.

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Class III

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

Based on personnel record review and staff interview the assisted living facility failed to ensure that facility had an Administrator who completed the CORE training of competency test documentation in record.

Findings include:

Record review on at 1:00 pm revealed that the facility's administrator (hired did not have a CORE training competency passed test and/or Core continue education documented on personnel chart.

Interview on at 1:08 p.m. with Administrator revealed that he did not passed the CORE training test; therefore, he did not have the CORE training documentation.

Class III

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

Based on observations and interview the assisted living facility failed to maintain a safe and private environment.

Findings included:

During tour on at 9:00 a.m. revealed that the electrical connection needed to be replaced.

Further observation revealed that resident # 4 was using a toilet commodore seat in Resident #3 was on bed. There was not privacy curtain to cover resident #4 while she was using the toilet commodore seat.

An interview with staff B on at 8:50 am revealed that resident #4 always used her toilet commodore in the However, she did not know that it needed curtains to use it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Ailin Living Facility
7005 W 16th Ave
Hialeah, FL 33014

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 Superisor 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