STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	01/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emanuel Residence Aclf	343 W 44 Street Hialeah, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 429.26(4-6) Fs; 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records 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 - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards 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 - 0161 - 429.275(2) Fs; 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 - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D
St - A - 0181 - 58a-5.026(2) Fac - Emergency Plan Approval S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Emanuel Residence ACLF had the following deficiencies at time of the survey:

0008-Admissions - Health Assessment 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on interview and record review the facility failed to have a completed health assessment that showed the mental health diagnoses for 1 out 7 (#1) sampled residents.

Findings included:

Record review on showed the Resident #1's (admitted on /) health assessment completed on . The health assessment did not have the mental health diagnoses for Resident #1 documented.

Phone interview on at 10:08 AM with the advance register nurse practitioner (ARNP) he stated " the last face to face assessment was at the facility on . He goes to the facility every two month to evaluate mental health resident. Resident #1 have mental health diagnoses and was . I change medication for him."

Class III

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

Based on observation and interview the facility failed to provide ongoing activities. The facility failed to encourage

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the residents to participate in social, recreational, educational and other activities within the facility.

Findings included:

Observations on at 9:00 AM, found the 2015 activities calendar posted on facility board. Activities scheduled at 1:00 p.m. reading and singing.

Observations on at 9:00 AM, some resident in the setting watching television in the common area other in their . Furthermore at 1:00 PM observed staff in the common and kitchen and some residents in their .

During confidential interview on at 1:15 PM, resident stated "we don't do activities here ".

During confidential interview on at 1:26 PM, resident stated that facility do not offer any activities.

During an interview on at 2:40 PM, the Manager and Staff C acknowledged that the activities were not offered to the residents.

Class III

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

Based on observation, record review, and interview the facility failed to ensure that 1 out of 5 (Staff C) sampled staff read the medication label to 3 out 7 (#1, #2 and #3) sampled residents who received assistance with self-administration of medications.

Findings included:

Observation on at 1:56 PM showed that Staff C assisting Residents #1 with self-administration of medication. Staff C did not read or tell Resident #1 the name of the medication.

Further observation on at 1:58 PM showed Staff C assisting Resident #2 with self-administration of medication. Staff C did not read or tell Resident #2 the name of the medication. Staff observed initialing the medication observation record (MOR) for the 8:00 PM medication dosage of - 25-100.

Observation on at 1:54 PM showed that Staff C assisted residents #3 with self-administration of medication. Staff C did not read or tell Resident #3 the name of the medication. Staff C observed not signing the MOR for Resident #3's 1 mg.

During an interview on at 2:00 PM Staff C acknowledged that she did no read medication name to the residents. Furthermore she stated that she mark the MOR for resident #2 by mistake because she was nervous.

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Class III

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

Based and observation, record review, and interview the facility failed to maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications for 2 out 7 (#2 and #3) sampled residents.

Founding included:

Observation during the medication pass at 1:58 PM found Staff C signed 8:00 PM medication of 200 milligram (mg) for Resident #2. Further observation found Staff C did not sign the MOR for Resident #3 during the 2:00 PM medication pass for 1 mg.

Record review on showed that MOR was signed by Staff C for Resident #2's 8:00 PM medication on . Further Record review on showed that medication record for Resident # 3 was not signed for 1 mg.

During an interview on at 2:00 PM Staff C stated that she was and nervous during med pass.

Class III

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

Based on observations and interview the facility failed to keep refrigerated medications locked up at all times for 1 out of 7 (#7) sampled residents. Based on observation and interview the facility failed to discard abandon medications for 2 out of 7 (#6 and #7) sampled resident.

Findings included:

Observations on at 8:50 AM during the facility tour found a zip bag with Resident #7's medication, three containers of , in the refrigerator in # which was shared by Residents #2 and # 3. Also, observed a bingo card for Resident #6 in the central stored medications for the facility.

Record review on at 8:50 AM, showed that resident #7 was discharged on . Record review showed that Resident #6 was not documented in the facility's admission and discharge log.

During an interview on at 8:55 AM, Staff C acknowledged that the medication belonged to a resident that was discharge from the facility on and acknowledge the medication in this refrigerator unlock in # . Staff C stated that Resident was at the facility for a few days.

Class III

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

Based on observations and interview the facility failed to have medications labeled.

Findings included:

Observation on at 8:50 AM during the tour found in the central stored medication closet unlabeled medications -HC 2.5 % and cream 5%.

During an interview on at 9:07 AM Staff C stated these medications are for disposal. Staff C acknowledged they were not labeled.

Class III

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

Based on observation, record review, and interview the facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern.

Finding included:

Observation on at 8:30 AM during entrance conference found Staff C alone with five residents. The Manager arrived at the facility at 9:17 AM

Record review on showed that staffing pattern at the facility board reflects that Staff C was scheduled to work 7: 00 AM to 7:00 PM and Staff D was scheduled to work 9:00 a.m. to 6:00 PM.

During an interview at 9:55 AM with the Manager and Staff C stated that Staff D is not working at the facility today.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observations, record review, and interview the facility failed to have 3-day supply of non-perishable food of milk for a census of five residents. The facility failed to note substitutions to the menu.

Findings included:

Observation during tour on at 8:50 AM of the emergency food cabinet in the kitchen contained only one can (16 ounces) of milk for the census of 5 residents. The facility required to have 240 ounces of milk.

During an interview on at 9:30 AM with the Manager and Staff C confirmed that the facility did not have

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sufficient milk.

Further observation on at 11:47 AM showed the menu was posted in the refrigerator with the following listed meal: Roast Chicken (4 oz.) Mac and cheese (1 cup) Mixed veg. (1/2 cup) Mixed salad (1 cup) salad dressing (1 T) pears (1/2 cup).

Lunch observation on at 11:47 AM showed that facility had substitution: Steamed chicken and tomato salad. Menu was not follow and the menu had no substitutions were written on the menu.

Further interview on at 12:15 PM the Manager stated that the facility usually made substitutions to the menu.

Class III

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

Based on observation and interview the facility failed to ensure that the dining and window blinds in resident are maintained in good working order. The facility failed maintains safe and clean living environment free of clutter in the backyard and roaches in the common area.

Findings included:

Observation on at 8:50 AM during the tour showed that window in # was hanging on the bottom of the window. Further observation on found one chair arm from the dining table was disconnected from the chair. The facility's back yard had a stack of medical equipment (wheel chair, walker) a television, plastic table, and mattress at the west side of the terrace. Further observations found the facility had roaches in the common area.

During an Interview on at 8:53 AM Staff C stated that window yesterday. She explained that Resident #2 broke it. Furthermore she explained that she contacted a person to come and fix it.

During an interview on at 11:47 AM Manager acknowledged that the chair need to be repaired and the facility needed to have the backyard cleaned. They stated they did not have have pest control documentation at the facility.

Class III

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

Based on record review and interview the facility failed to maintain up-to-day admission and discharge log.

Finding included:

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Record review on showed admission and discharge log did not have Resident #6 written.

During an interview on at 11:35 AM the Manager and Staff C stated that Resident #6 never was listed in the admission and discharge log.

Class III

0161-Records - Staff 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview the facility failed to have employment application with references for 1 out of 5 (Manager) sampled staff.

Finding included:

Record review on showed that the Manager did not have employment application with references in her personnel file for review during survey.

During an interview on at 10:20 a.m. the Manager acknowledged that employment application with references was not in her personnel file for review.

Class III

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

Based on observation, record review and interview the facility failed to have initial weights record at the time of admission for 1 out 7 (#2) sampled residents. The facility failed to maintain resident record for 1 out of 7 (#6) sampled residents.

Findings included:

Observation on at 8:50 AM during the tour found unlabeled medication in the central store medication closet bingo card for Resident #6. The medication bingo card for 100 MG tablet had nine missing medications that was from / until / .

Record review on showed the facility did not Resident #6 documented on the admission and discharge log. The facility did not have a resident record with a demographic form, contract, and informed consent for assistance with medication for Resident #6.

Record review on showed resident #2 ' s was admitted in the facility on . Review resident weights log and there was no documentation of a weight record at the time of the admission at the facility.

During an interview on at 3:00 PM, Staff C stated that resident was in the facility for 3 days and left but

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note bingo card had 9 holds indicated 9 days. Further interview with the Manager acknowledged that facility did not have a weights record for resident #2 at the time of admission.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview the facility failed to have an executed contract for 1 out of 7 (#1) sampled residents. The facility failed to have the current monthly rate documented for 2 out of 7 (#2 and #5) sampled residents.

Finding included:

Record review on showed that for Resident #1 admitted on , the facility had not executed a contract with the resident. Record review found that Resident #2's contract showed the monthly rate as $710 but the facility's income sheet documented that resident #2's monthly rate was $1000. Record review found that Resident #5's contract showed the monthly rate as $721 but the facility's income sheet documented that Resident #2's monthly rate was $733. The facility did not have documentation that Residents #2 and #5 received a 30 day notice of the monthly increase.

Interview with resident #5 on at 1:40 PM revealed she did not know her monthly rate that the facility charged her.

During an interview on at 10:57 AM, Administrator acknowledged that in-fact the facility had not executed and entered into a contract with Resident #1. The Manager confirmed that the monthly rate for Residents #2 and #5 were not current.

Class III

0181-Emergency Plan Approval 58A-5.026(2) FAC

Based on record review and interview the facility failed to have the emergency management plan reviewed on a yearly basis.

Findings included:

Record review on showed that the facility's last letter of approval was dated .

During an interview on at 3:20 p.m. the Manager stated she had not reviewed it and that her consultant was suppose to submit it to the county.

Class III

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L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the facility failed to maintain an admission and discharge log for 1 out of 7 (#1) mental health residents. Based on record review and interview the facility failed to ensure that a current Community Living Support Plan and Agreement was completed for 2 out 7 (#2 and #5) sampled residents.

Findings included:

Record review on found that the facility's admission and discharge log did not mark and identify resident #1 as a mental health resident. Record review on showed the community living support plan and agreement for residents' #2 and #5 were uncompleted.

During an interview on at 11:45 AM the Manager confirmed that resident #5 was not identified on admission and discharge log as limited mental health. Further interview with Manager acknowledged that community support plan and agreement uncompleted.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Emanuel Residence Aclf
343 W 44 Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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 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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