STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963986	01/28/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Adam Home Inc	158 West 8 Street Hialeah, FL 33010	
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 - 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 - 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 - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

Medicaid Program Integrity (MPI) and Health Quality Assurance (HQA) conducted a monitoring visit on Adam Home Inc had deficiencies at the time of the visit.

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

Based on record review and interview the facility failed to have a written documentation for 1 out 7 (#7) sampled residents who at the facility.

Findings included:

A record review on at 11:00 am revealed that resident #7 did not have a written documentation or an incident report to provide information that resident #7 at the facility.

Interview with staff A and the administrator on at 11:45 am confirmed that resident #7 and from his nose; resident #7 was taken to the hospital. Administrator confirmed that she did not documented and/or any of her employees.

Class III

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

Based on record review and interview the facility failed to maintain the Medication Observation Record (MOR) for 3 out 8 sampled residents.

Findings included:

Observation on at 11:22 am revealed the following information:

Resident #5 medications (Ratidine 10 mg,Kelo 2% and for 8:00 am were still at the bingo card.

Resident # 6 medications 81 mg, 20 mg, Metroprolol 50 mg and Hidrochlorothrozide 12.5 mg) for 8:00 am were still in the bingo card.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963986	01/28/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Adam Home Inc	158 West 8 Street Hialeah, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Resident #7 medications (Fluphenozine 10 mg, Benztropne 2 mg and Ducusite cal 240 mg softgel for 8:00 am were still in the bingo card.

Record review to the MOR on at 12:00 pm revealed that those residents ' (# 5, 6 & 7) medications were ordered at 8:00 am, and they were signed as given in MOR.

Interview on at 12:10 pm revealed that Administrator and Staff A acknowledge that residents (# 5, 6 & 7) MOR needs to be maintained.

Class III

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

Based on observation and interview the facility failed to discard discontinues or abandon medications.

Findings included:

Observations during the facility tour on at 9:30 AM revealed that there were three white bags (food storage) full of medication belonged to residents (# 9 & 10). These were the medication:

25 mg, 3 mg tab, 3 mg tab , 1 MG Tab , 25 mg ,Zc 10 mg, 20 MG , Voltaren 0.5 % eye drops, 500 mg, 500 mg, 0.4 MG, 20 mg, Therapeutic M tab, 0.5 mg & 0.5 mg.

Further observation on at 10:23 am revealed that staff A called the pharmacy to pick up discards medication.

An interview with staff A on at 10:28 am revealed that she called the pharmacy; however, the pharmacy never came to pick up the medications.

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 in records the initial four hours in-service for self-administration of medication assistance for 3 out of 5 (A, B & C) Staff sampled.

Findings include:

Personnel record review on @ 10:15 am revealed that staff A (hired on , staff B (hired on and staff C (hired on did not have the initial four hours for self-administration of medication assistance.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963986	01/28/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Adam Home Inc	158 West 8 Street Hialeah, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An interview with administrator and staff A on @ 11:30 am revealed that they did not know that the four hours in-service were missing in the personnel's file.

Class III

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

Based on record review and interview the facility failed to have 1 out 4 sampled employees to have training in the areas for Food Service Designee.

Findings included:

Record review on at 10:00 am revealed that Staff A (hired on did not have documents for Food Service Designee.

Interview with Administrator on at 11: am revealed that she did not know that Staffing A did not have the training documents for Food Service Designee.

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-days of supply of non-perishable food.

Findings included:

Observation during the facility tour on at 9:30 AM revealed that the facility did not have 3-day supply of emergency food. .

An interview with staff A & B on at 9:40 AM revealed that the facility has no emergency food supplied.

During an interview on at 11:50 AM, the administrator confirmed that facility did not have emergency food supplied.

Class III

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

Based on record review and interview the facility failed to have a health assessment completed and signed contract for 1 out 8 sampled residents.

Findings included:

A record review on at 10:50 a.m. revealed that resident #8 health assessment did not have weight and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963986	**01/28/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Adam Home Inc	**158 West 8 Street Hialeah, FL 33010**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

medication information.

Further record review on at 10:53 a.m. revealed that resident #8 ' s contract did not have signature.

Interview on at 11:00 a.m. revealed that administrator and staff A acknowledge that resident #8 health assessment was not completed and contract did not have signature.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Adam Home Inc
158 West 8 Street
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a Medicaid Program Integrity and Health Quality Assurance monitoring 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
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