| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966158 | 02/11/2015 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Adiuvo V | 13232 Sw 85 Street Miami, FL 33183 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**

St - A - 0010 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards 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 - 0181 - 58a-5.026(2) Fac - Emergency Plan Approval S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

**Specific Tag Findings:**

**0000-Initial Comments**

A standard biennial survey was made on . Adiuvo V had the following deficiencies at the time of the visit.

**0010-Admissions - Continued Residency 429.26(1&9) FS; 58A-5.0181(4) FAC**

Based on observation, record review and interview, the Assisted Living Facility failed to have a health assessment (AHCA form 1823) which indicates a significant changed for two (#2 and #3) out of five sampled residents.

Findings include:

Observation on at 10:56 AM showed that resident #3 was resting on the bed, contracted, making her unable to move by herself.

Observation on at 11:50 AM showed resident #2 siting in the living fed by caregiver_A.

Record review of resident #3's showed Health assessment (AHCA form 1823) completed on indicated that resident #3 needed assistance with self-administration of medications; supervision with ambulation, dressing, eating, self-care , toileting, and transferring while she needed assistance for bathing. The health assessment also indicated that the resident was not bedridden and did not have any , 3, or 4 . Resident #3 has been receiving hospice services since and had four wounds that were . Hospice nursing note dated revealed that resident #3 was stiff, had and needed total care.

Further record review of resident #2's personal record revealed that Health assessment (AHCA form 1823) completed on indicated that resident #2 did not have any 3, or 4 , did not indicate if individual's

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needs can be met in an assisted living facility neither if individual needed help taking her medications. Resident received hospice services since . Resident had a l on right hip that was a . Hospice nursing note dated revealed that resident #2 was stiff and had .

In an interview with administrator on at 11:28 AM; the administrator confirmed that resident #3 stays in bed all day, is bedbound and needed total assistance for all activities of daily living. Resident #2 needed total assistance for all activities of daily living.

Class III

**0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS**

Based on observation, record review and interview the facility failed to honor one of six (#1) facility residents' rights.

Findings as follow:

On at 8:50 a.m. observed bed of resident #1 with full rails in both sides of the bed. Left side full bed rail was observed in upright position.

Record review documented, the facility failed to have a bed rail prescription for resident #1 ( admitted to facility on .

On at 12:20 p.m. the facility administrator (staff #1) admitted, the facility failed to have a prescription for the bed rail use for resident #1.

Class III

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

Based on observation, record review and interview the facility failed to follow the correct procedure when assisting one of six (#6) facility residents with self administration of medications.

Findings as follow:

On at 9:25 a.m. it was observed staff #2 (caretaker) assisting resident #6 with self administration of 8:00 a.m. medications, as follow:
Caretaker washed her hands, put gloves on, took medications and the MOR from the medication cabinet, drop medications in a cup, previously labeled with resident's #6 name, dropped medication in the cup, called resident by name, prompted medications to resident and then asked resident if wanted medications dropped in its own hand or in the mouth. Resident stated in the mouth and staff got the cup and dropped herself the medications into resident's mouth (administered the medication to resident) . Resident did not participate in this action,(did not move arms).

On at 9:30 a.m. the facility administrator acknowledge staff #2 did not follow the correct procedure do to

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administered the medication to resident #6.

Class III

**0053-Medication - Administration 58A-5.0185(4) FAC**

Based on record review and interview, the Assisted Living Facility failed to have a licensed nurse to administer medications for two (#2 and #3) out of five sampled residents.

Findings include:

Record review for residents #2 and #3's medication observation records (MOR) revealed that MOR were initialed by caregiver_A on and

Record review of resident #3's personal record revealed that resident #3 received hospice services since Hospice nursing note dated revealed that resident #3 was stiffness and had

Record review of resident #2's personal record revealed that resident #2 received hospice services since Hospice nursing note dated revealed that resident #2 was stiffness and had

In an interview with administrator on at 11:28 AM revealed that administrator or caregiver who would be at the facility will crush residents #2 and #3's medications and mixed with thick liquid and administer to the resident. Administrator neither the caregiver that works at the facility were licensed nurses.

Class III

**0078-Staffing Standards - Staff 58A-5.019(2) FAC**

Based on record review and interview, the Assisted Living Facility failed to have evidence of a negative examination on an annual basis for the registered nurse.

Findings include:

Record review of registered nurse's personal file revealed that physical examination statement that indicated negative test was dated

Interview with registered nurse on at 11:41 AM revealed that registered nurse would bring the new doctor documentation that stated that he was free of

Class III

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

Based on observation, record review and interview the facility failed to have an staffing schedule that reflected the weekly staffing hours of facility employees.

Findings as follow:

On at 8:50 a.m. it was observed staff #1 (caretaker) working in facility with 5 residents.

Record review documented the staffing schedule posted did not have staff #2 listed as a facility employee and also documented 2 of 3 staff members listed on the schedule were not facility employees anymore.

On at 12:30 p.m.the facility administrator stated the facility failed to update the staffing schedule by not having an updated schedule with actual facility emploiyees..

Class III

**0082-Training - 58A-5.0191(3) FAC**

Based on observation, record review and interview the facility failed to have one of two (#2) facility staff trained in and .

Findings as follow:

On at 8:45 a.m. it was observed staff #2 (hired on working, alone, in facility with 5 residents. Staff #2 was observed serving breakfast and assisting residents with the activities of daily living.

Record review documented the facility failed to have documentation of the one-time education course on and for staff #2 (hired on

On at 12:30 p.m. the facility administrator (staff #1) stated, staff #2 did not receive the and training.

Class III

**0083-Training - First Aid and 58A-5.0191(4) FAC**

Based on observation, record review and interview the facility failed to have at least, one staff present at all times, with the and FIRST AID training.

Findings as follow:

On at 8:45 a.m. it was observed staff #2 (hired on working, alone, in facility with 5 residents.

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Record review documented the facility failed to have documentation of the ... and FIRST AID training for staff #2 (hired on

On ... at 12:30 p.m. the facility administrator (staff #1) stated staff #2 did not received the ... and FIRST AID training, yet.

Class III

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

Based on observation and interview the facility failed to follow the planned menu and offer substitutions of similar value.

Findings as follow:

On ... at 8:50 a.m. there were observed facility residents taking breakfast consistig in coffee and milk and two bread toasts with margarine.

Record review documented the facility menu posted for breakfast on ... was milk, dry cereal, absorted juices.

On ... at 1:00 p.m. the facility administrator stated the facility failed to follow the menu and to offer substitutions of same value to facility residents.

Class III

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

Based on observation, record review and interview the facility failed to have an application with references for one of two (#2) facility staff.

Findings as follow:

On ... at 8:45 a.m. it was observed staff #2 (hired on ... working, alone, in facility with 5 residents.

Record review documented the facility failed to have documentation of the amployment application for staff #2 (hired on

On ... at 12:30 p.m. the facility administrator (staff #1) stated the facility failed to complete and employment application for staff #2 hired on

Class: III

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

Based on observation, interview and record review, the Assisted Living Facility failed to have a doctor order for the use of by one (#4) out of five sampled residents.

Findings include:

Observation on at 10:52 AM showed resident #4 arrived to facility from sleep test. Resident #4 arrived to and placed cannula and turned on machine by her.

Interview with resident #4 on at 12:56 PM revealed that she self-administered and she administered from 1.5 to 2 liters depending on how she felt.

Record review of resident #4's file revealed that there was no evidence of a doctor order for the use of

Class III

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

Based on record review and interview the facility failed to have an Emergency Management plan submitted and approved once a year.

Findings as follow:

Record review documented the last facility emergency management plan was approved on

On the facility administrator stated the facility failed to have the Emergency management plan submitted and approved on annual basis..

Class III

**Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06**

Based on observation, record review and interview the facility failed to have the Level 2 background screening for one of two (#2) facility staff.

Findings as follow:

On at 8:45 a.m. it was observed staff #2 (hired on working, alone, in facility with 5 residents.

Record review documented the facility failed to have documentation of the Level 2 background screening for staff #2 (hired on

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On at 12:30 p.m. the facility administrator (staff #1) stated the facility has not performed a level 2 background screening for staff #2, yet.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Adiuvo V
13232 Sw 85 Street
Miami, FL 33183

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
XG90

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