STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966925	02/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maria Adult Care Iii	14561 Sw 30th Street Miami, FL 33175	
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 - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0080 - 429.52(1-2) Fs; 58a-5.0191(1) Fac - Training - Core & Competency Test 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 - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L243 - 429.075(1) Fs; 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on . Maria Adult Care III had the following deficiencies at time of the survey:

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

Based on observations and staff interview the facility failed to ensure that two out of three (#2 and #5) sampled residents who no longer met the criteria for continued residency be discharged.

Finding included:

Facility tour on at 9:30 AM observed Resident #2 and Resident #5 in recliner chairs in the common area both residents were disoriented and unable to communicate.

When asked if the Resident #2 and Resident #5 were able to ambulate by themselves, Staff B. stated, " very little, they both require help to ambulate.

On Resident #2 Health Assessment diagnosis: sleep , and . Physical or sensor limitation: Low vision status: Alert / Oriented x 1 Special precaution: precautions. activities of daily living (ADL) Levels, Ambulation, Needs Assistance. Bathing Needs Assistance, Dressing, Needs Assistance. Eating, Needs Assistance. , Needs Assistance. Toilet, Needs Assistance. Transfer, Needs Assistance.

On Resident #5 Health Assessment diagnosis: , high (HBP), , Sleep . Physical or sensor limitation: Low Vision / Hearing, status: Alert / Oriented x 1, Special precaution: precautions. ADL Levels, Ambulation, Needs Assistance. Bathing Needs Assistance, Dressing, Needs Assistance. Eating, Needs Assistance. , Needs Assistance. Toilet, Needs Assistance. Transfer, Needs

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966925	02/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maria Adult Care Iii	14561 Sw 30th Street Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Assistance.

On at 11:54 AM both residents were observed to still be in the recliners sleeping.

On at 1:20 PM Staff A. stated, " With them it just depends on how they feel, one day they are up and recognize you, the next day they are down, today is a down day for them."

Class III

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

Based on observation and interview the facility failed to ensure that only licensed personnel administer medications to one out of six (#4) sampled residents.

Findings Included:

On at 2:07 PM Observed Staff B. with gloves go to Resident #4, Staff B. prompted Resident #4 and identified the medications, she then brought the resident to a sitting position on the hospital bed, Staff B. placed the cup with the medication on to Resident #4's mouth, Resident #4 drank the water with the medications (medication placed in cup to dissolve) and then Staff B. followed with a cup with water which Resident #4 drank. Staff B. then went to record the Med Pass.

On at 2:11 PM Staff B. stated, " We don 't have a prescription from the doctor instructing us to dilute the pill."

Class III

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

Based on observation and interview the facility failed to provide change in directions from a health care provider for one out of six (#4) sampled residents' medications for which the facility is administering

Findings Included:

On at 12:56 PM Staff A. stated, we put the pill in water an hour before so it can dilute, then we give it to her that way.

On at 1:10 PM Observed Staff B. with gloves on punch pill on to a disposable cup with water and then she placed the cup on the kitchen counter. Staff A. stated, now I leave it here until it dilutes and then I give it to her at 2:00 PM.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966925	02/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maria Adult Care Iii	14561 Sw 30th Street Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

On at 2:07 PM Observed Staff B. with gloves go to Resident #4, Staff B. prompted Resident #4 and identified the medications, she then brought the resident to a sitting position on the hospital bed, Staff B. placed the cup with the medication on to Resident #4 mouth, Resident #4 drank the water with the medications and then Staff B. followed with a cup with water which Resident #4 drank. Staff B. then went to record the Med Pass.

On at 2:11 PM Staff B. stated, " We don't have a prescription from the doctor instructing us to dilute the pill. "

0080-Training - Core & Competency Test 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview the facility's administrator failed to complete the CORE training requirements within 3 months.

Findings Included:

On personnel record review found that the administrator employment application dated . Record review found that the administrator had documentation that she completed 26 hours of CORE training on but failed to take the CORE competency test.

On at 3:45 PM Staff A. stated, " I need to get ready and enroll to take the test to finish this up."

Class III

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

Based on record review and interview the facility failed to ensure staff members have completed in First Aid and and hold a currently valid card documenting completion of such courses must be in the facility at all times for one out of three (Staff A.) sampled staff.

Findings included:

Tour conducted on sampled Staff A. was observed in the facility assisting residents with ambulating, transfer, and lunch.

Facility's record review on revealed that sampled Staff A. documentation of receiving training in First Aid training or receiving had expired on .

On at 3:45 PM Staff A. stated, " I will call the school and schedule the training."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966925	02/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maria Adult Care Iii	14561 Sw 30th Street Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on observation and interview the facility failed to have a 3-day supply of nonperishable food, based on the number of weekly meals the facility has contracted with residents to serve a census of six residents.

Findings included:

On at 10:45 AM during tour of the Assisted Living Facility found the emergency food supply in the utilities in a plastic container, the following expired food items found, cans of corn expired , tuna cans dated , fruit cocktail , green beans, apple sauce , juice packs very berry and fruit punch .

On at 11:05 AM staff B. we need to go to the store and update the emergency food supply.

Class III

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

Based on observation and interview the facility failed to provide a safe and clean living environment and an environment free of hazards.

Findings Included:

On at 9:15 AM arrived at Assisted Living Facility (ALF) the front of home has a round-about driveway, the home is hidden from the street by high bushes, trees and palm trees. On one side of the driveway there was a pile if palm fronds, and cut tree branches, moved to front door, decorative columns on both sides of the door have a black substance on them, on the paint has wasted away between the front door handles. The tiles on the floor of the front door and the bricks on the driveway are also covered by a black substance, while touring the backyard it was observed the ALF has a pool, a sliding door leads out to the pool area from the family from one of the . The fence to the pool is broken posing a hazard to the ALF residents, the water in the pool is cloudy with patio debris (leaves, branches) in the water posing a health hazard and insect breeding ground, tiles on the fence side of the pool are broken further posing a trip hazard. Screen capture of satellite view shows pool maintenance has been an issue for some time.

On at 10:15 AM Staff B. stated, " The gardener was here during the weekend and was unable to take the debris with him; I called him and told him to come pick them up. The pool pump is broken but we are adding bleach to the water and we will have the fence fixed as soon as possible."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966925	02/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maria Adult Care Iii	14561 Sw 30th Street Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on record review and interview the facility failed to have documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney on three out of the six sampled residents (#2, 4, and 5).

Findings included:

Record review on revealed Residents #2, 4 and 5 did not have documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney in her file. Resident #2, 4 and 5 family members signed the admission documents since their arrival at the facility.

On at 3:40 PM Staff A. stated, " I thought I had them in the records, they might be on the other files, if not I will call the families and have then bring me the Power of Attorney's for their records. "

Class III

L243-LMH - Training 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to ensure that one out of three sampled employees' (Staff C.) received the minimum 6 hours Limited Mental Health Training.

Findings included:

On record review for Staff C. (hire date) revealed after more than six months of employment at a facility's receiving a limited mental health license Staff C ' s file did not contain the required documentation for the initial 6 hours Limited Mental Health Training .

On at 3:45 PM Staff A. stated, " I will call the school and schedule the training. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Maria Adult Care Iii
14561 Sw 30th Street
Miami, FL 33175

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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com