STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967137	02/11/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A-1 Assisted Living Facility Llc	9410 Sw 52 Terrace Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

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 - 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 - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

A complaint inspection (CCR#2015001184 & 2015001321) was conducted on 2015. A-1 Assisted Living Facility had deficiencies at time of the survey .

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 resident rights and consideration for 3 out 7 (# 1, 5, 7) sampled residents.

Findings included:

Observation on at 8:30 am revealed a half bed rail in for resident #7. Moreover, Resident (# 1) asked for some toast to eat; however, staff D did not understand what she was asking for.

Further observation on at 10:00 am revealed that facility had the front door locked with a key bolt from the inside.

Record review on at 10:00 am revealed that resident #7 personal ' s file had the half bed ' s order expired (dated).

An interview with an investigator from the Department of Children and Family on at 1:30 pm revealed that he observed resident #7 to be strapped with a blanket.

Interview on at 8:50 am revealed that Resident (# 5) stated, " Staffs do not know to speak English. I have no communication with Staffs. "

Interview on between 8:30 am to 9:59 am revealed that Staff D stated, " I do not speak English, but I understand and communicate a little. " Staff D also stated, " the front door bolt lock was to prevent residents

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to go out with no supervision."

Further interview on at 2:55 pm with Staff A revealed that Staffs (A, B, D) knew to speak English. Moreover, Staff B revealed that she admitted that the Investigator of the Department of Children and Family was at the facility. Furthermore, staff A stated that she did not know the resident half bed ' s order (scanned) was expired.

Class III

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

Based on observation and interview facility's staff did not follow appropriate procedure when assisted 1 out of 7 (#1) sampled residents with their self-administration of medications.

Findings included:

Observation on at 9:00 am revealed that staff D assisted with self-administration of medication to Resident #1 as shown:

Staff D did not wash her hands and/or put gloves on. Next, she removed the medication 325 mg) from resident ' s #1 medication bingo card. Then, she prompted to resident #1 and asked her to take the pill. Staff A did not use the medication observation record (MOR) to verify resident ' s medication information and/or signed it.

During an interview on at 2:30 pm with staff A, she stated that staff D did not sign the MOR even though it was a requirement in the facility.

Class III

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

Based on observation, record review and interview facility failed to provide an appropriately mediations procedure for 7 out 7 residents sampled.

Findings included:

Observation on at 9:00 am Staff B did not sign the Medication Observation Record (MOR) when she assisted with self-administration of medication 325, D and Cal 20 mg) to resident (#1).

Review record of the Medications Observation Record (MOR) on at 10:55 am revealed the following information:

Resident # 1: Per administrator and discharge hospital papers, the resident lived in the facility since

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however, the MOR has no medication signed, which was dated from - Per Administrator, the resident came with medications from the hospital on Last night they received the medications from the pharmacy.

Resident #2 : Medications were not signed on (8:00 AM, 325 MG, Cal 20 MG, 325 mg, Levothyroxine 75 MCG, 1000 MG, D 2000 unit softge). Medications were not signed on (8:00 PM, 1000 MG).

Resident #3 : Medications were not signed on (8:00 AM, Actz 12.5 cap, BES 5 MG, BES 5 MG, 500 MG Tab, Nateglinide 60 MG Tab, 80 MG 8:00 AM. Medications not signed on (8:00 pm, 500 MG, Nateglinide 60 MG AND Nolpidem 5 MG).

Resident #4: medications were not signed per (8 am/ Aspir-Low 81 mg, 20 mg, Levothyroxine 50 mcg tab, Pot 100 MG, 100 mg, DR 20 MG) and (8:00 PM / Opht Sol 0.005 %, 50 MG Tab, .4 MG, 5 MG Tab).

Resident #5 did not have MOR information in file; however, she had the following medications in the facility: Megestrol Acet 40 mg, tablets 5 mg, C 500 mg, MAPAP 650 mg, SOP 100 MG soft gel, DR 40 mg, 0.5 mg, 5 mg and Sulfa 325 mg.

Resident #6: Medications were not signed on (8:00 AM, Silver 1% crm, 5 MG, 600 MG, Actulose 10 MG, 40 MG Tab). Medications not signed on (8:00 pm, Silver 1% CRM, 50 MG, HBR 20 MG, 600 MG).

Resident #7 : Medications were not signed on (8 :00 AM, n-Low 81 MG Tab, 600 MG, 10 mg/ , 50 MG Tab, 50 mg, D3 1000 unit, 100 MG Tablet). Medications not signed on (8:00 PM, 30 MG, 50 MG and MAPAP 500 MG).

Interview with residents (1, 2, 3,4,5,6 & 7) on between 8:50 to 9:30 am, stated that they had their medications.

Interview with Staff B on at 12:00 pm revealed that she acknowledged that Residents ' (# 1,2,3,4,5,6 & 7) medications - not signed at the MOR.

Class III

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

Based on observation and interview the facility failed to have Out of The Counter (OTC) medication locked.

Findings included:

Observation on at 9:00 am revealed that there were two bottles of inside of the refrigerator and one Suppositories (unlocked).

Interview on at 11:30 am with Staff A revealed that she acknowledge that there were two bottles of inside the refrigerator that belongs to residents (3 & 4).

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 8:30 am revealed that there were seven residents in the facility; Staff D was the only staff in the facility. Staff D took the phone and asked Staff A to come to the facility.

Facility record review on at 10:00 am revealed that staff C was off. Staff A was scheduled to work from 7:00 am - 7:00 am. However, she arrived at 10:00 am.

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

Interview on at 01:44 pm with Staff A confirmed that the facility has six residents, " one daycare participant ", and Staff B was working alone in the facility at time of survey started.

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 provide documentation in 2 out of 4 (Staff B & C) sampled of 4 hours initial of self-administration of medication assistance.

Findings include:

Personnel record review on @ 10:00 am revealed that the Staff B & C did not have documentation of 4 hour

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to assist with self-administration of medication.

An interview with Staff A on @ 1:30 pm revealed that she acknowledged that Staff B & C did not have documentation of the 4 hour training to assist with self-administration of medication at time of survey.

Class III

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

Based on observation, record review and interview the facility failed to note meal substitution before or when the meal is served on the menu. The facility failed to keep documentation of substitution on file and provide daily protein to residents.

Findings included:

Observation during tour on at 9:00 am revealed that facility did not have meat in the facility at time of survey. Further observation made on at 12:00 PM found that the residents were served white rice, chicken breath, yucca, mix vegetable, water and jelly.

Review of the menu has the lunch listed to be served as black beans, beef guise, white rice, vegetables, mix salad and fresh fruit. The substitution was not documented on the menu at all. Record review also found that the facility was not documenting substitutions to the menu and keeping them on file for six months.

A confidential interview on from 8:50 am - 9:30 am with two residents revealed that the facility did not provided meat (protein) in their meals every day, and meals were not varied.

Interview with the staff A on at 12:51 AM, she stated that the facility made changes to the menu, but it did not write the changes on menu. The administrator stated that the facility was not documenting those changes to the menu at all.

Further interview with Staff A on at 1:00 PM revealed that the facility did not have meat in the refrigerator because the freezer broke, and she did not like to put meat in the freezer of the refrigerator.

Class III

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

Based in observation, record review and interview the facility failed to ensure the facility Admission / Discharge log updated.

Findings Included:

Observation on at 9:00 am revealed that the facility had residents (#1, 2, 3,4,5,6 &7) at the time of survey.

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Facility record review on at 10:20 am for Admission/Discharge log revealed that a resident (# 1) was missing.

Further record review on revealed that discharge residents (# 9 & 10) were still as admitted in the Admission/Discharge log.

Further interview on with Staff B revealed that she was waiting on the Administrator to update the Admission/Discharge log.

Class III

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

Based on observations, record review, and interview the facility failed to have a resident contract and consent for unlicensed employee to assist with self- administration of medication.

Findings included:

Observation on at 9:00 am Staff B assisted resident #1 to have self-administration of medication. Moreover, observed resident #3 living in

Facility record review on at 10:00 am revealed that resident #1 has no contract signed and/or consent to be assisted with self-administration of medications for an unlicensed staff. Also, resident #3 did not have Form 1823 in her personal file.

A further record review on at 10:12 am revealed that a discharged resident (#8) was missing a signed contract and consent for unlicensed employee to assist with self-administration of medication. Moreover, Moreover, Resident #8 ' s Daily Record of self-administration of medications dated 2015) was signed (only as given per Staff (B & D) on for the following medications: Doc-Q-Lace 100 mg, 10 mg, Prosate Cal DR 333 mg, 300 mg, Oxicodone 325 mg and 200 mg.

An interview with resident #1 she stated, " I am not okay; I want to be in the hospital, where I will have a Nurse giving me my medications. "

Interview on at 01:44 pm with Staff A confirmed did not have a signed contract or consent for unlicensed employee assisting with self-administration of medication in residents (# 1 & 8). However, Staff A had a Guardian, and she was waiting on the Guardian to sign. She also stated that resident #8 had an agreement to live in the Facility for only 30 days.

Class III

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ZB27-Unlicensed Activity 408.812, FS

Based on observation, record review, and interview the facility exceeded their licensed capacity of six (6) beds. The facility had a census of seven (#5) residents.

Findings Included:

Observations during the facility tour on at 8:30 am revealed that there were 7 residents in the facility at time of survey. Staff D stated that resident #5 was a daycare; however, resident #5 was observed on bed awaked and relaxing in (first bed).

Further observations on at 9:00 a.m. found medications that belonged to resident (#5) :

Megestrol Acet 40 mg, tablets 5 mg, C 500 mg, MAPAP 650 mg, SOP 100 MG soft gel, DR 40 mg, 0.5 mg, 5 mg and Sulfa 325 mg.

Observation on at 11:10 am Staff B took resident #5 to a Beauty Salon ' s appointment to make her hair and nails.

Interview on at 8:50 am revealed that resident #5 stated, " I live in this facility, and this is my I have my clothes here. I have my medication last night and early in the morning. Moreover, per Staff A on at 11:20 am Staff B took Resident (#5)to the Beauty Salon ' s appointment to make Resident ' s (#5) hair and nails.

Interview with Staff A on at 11:00 am revealed that Resident #5 lived at 4012 SW 154 Ct Miami 33185, which was her other facility. However, Resident #5 was a daycare in A-1 Assisted Living Facility because Resident #5 loved Staff D.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
A-1 Assisted Living Facility Llc
9410 Sw 52 Terrace
Miami, FL 33165

RE: CCR #2015001184 & 2015001321

Dear Administrator:

This letter reports the findings of a complaint 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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