STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932520	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
OUR FAMILYASSISTED LIVING FACILITY III, INC	**1310 SW 76TH AVENUE MIAMI, FL 33144**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Change of Ownership survey was conducted on . Our Family Living Facility III had the following deficiencies at the time of the survey:

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview the facility failed to perform two elopement drills yearly.

Findings as follow:

Record review found the facility failed to have documentation that elopement drills were conducted.

On / at 12:30 p.m. the facility's Administrator stated the facility did not perform the elopement drills yet.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on observation, record review, and interview the facility failed to have 3 out of 5 (Staff B, C, and D) facility staff trained in Assisting residents with the Activities of Daily Living and Residents Rights and recognizing and reporting resident , neglect and within 30 days of employment.

Findings as follow:

On / at 9:50 a.m. Staff B and Staff C assisting a residents with transferring.

Record review showed the facility failed to have documentation of activities of daily living and behavioral needs training for Staff B, C and D. Staff members were hired on / . The facility also failed to have documentation of residents rights and recognizing and reporting resident , neglect and training for Staff C and D.

On / at 12:40 p.m. the facility's Administrator acknowledged that staff members did not have in-service trai... .vi...in 30 days of employment.

Class III

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

Based on record review and interview the facility failed to have 1 out of 5 (Staff B) trained in and within 30 days of employment.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932520	04/01/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
OUR FAMILYASSISTED LIVING FACILITY III, INC	1310 SW 76TH AVENUE MIAMI, FL 33144	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0082 Continued From page 1

Findings as follow:

Record review showed the facility failed to have documentation that Staff B (hired on /) received and training.

On / at 12:40 p.m. the facility's Administrator stated Staff B did not receive the and training yet.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, record review, and interview the facility failed to have 1 out of 5 (Staff B) staff trained in 2 hours with assisting residents with self-administration of medications and medication management annually.

Findings as follow:

On / at 11:55 a.m. observed Staff B assisting a facility resident with self administration of medications.

Record review showed the facility failed to have Staff B (hired on /) trained, in assisting residents with self administration of medications, 2 hours continuing education. Record review showed the last 4 hours medication training received by Staff B was dated .

On / at 12:30 p.m. the facility's Administrator acknowledged the facility failed to have Staff B trained in self administration of medications, 2 hours continuing education annually.

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 a completed employment application with references for 1 out of 5 (Staff E) facility staff.

Findings as follow:

Record review showed the facility failed to have a completed employment application with references for Staff E (Manager) available for review. The Manager was hired on / .

On / at 12:30 p.m. the facility's administrator acknowledged the facility failed to complete an application for Staff E (Manager).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932520	**04/01/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
OUR FAMILYASSISTED LIVING FACILITY III, INC	**1310 SW 76TH AVENUE MIAMI, FL 33144**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0161 Continued From page 2

Class III

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

Based on record review and interview the facility failed to have a agreement and a community living support plan for 1 of 8 (#1) facility residents.

Findings as follow:

Record review showed the facility failed to have a agreement and a community living support plan for Resident #1, who was admitted to facility on and a has diagnoses of Major .

On the facility's Administrator identified Resident #1 as a Limited Mental Health resident and acknowledged the facility failed to have the agreement and community living support plan.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Our Familyassisted Living Facility Iii, Inc
1310 Sw 76th Avenue
Miami, FL 33144

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