STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967287	03/20/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
FAMILY FIRST ALF, INC	15600 SW 143 AVENUE MIAMI, FL 33177	

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

0000 - Initial Comments

A Complaint Inspection Survey (CCR2015001427) was conducted on - . Family First Assisted Living Facility, Inc. had deficiencies found at time of survey.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on observation, record review, and interview, the Assisted Living Facility (ALF) failed to meet the admission criteria for two out of two sampled residents (#1 and #2)
Findings Include:
In an interview with Resident #1 on at 10:24 AM revealed Resident #1 was and surveyor needed to speak to her loudly. Resident #1 was in a car accident; consequently she was admitted to for an extended period, during this time she was subjected to three surgeries. She is unable to walk.
In an interview with Staff A on at 10:26 AM Staff A stated, Resident #1 is unable to walk.
On at 11:04 AM observed Staff A and Staff C tried to assist Resident #1 in getting out of bed. Staff A placed hands behind Resident #1's back and pushed her to a sitting position. Staff A moved Resident #1's legs out of bed, legs placed on the floor. Staff A grasped Resident #1 by one side while Staff C grasped by the other side. Resident #1 received total assistance for transferring.
Review of the Interdisciplinary Discharge Summary on for Resident #1 issued by, Nursing Home, admission date discharge date / ; assessed the resident as needing assist with Acitivities of Daily Living (ADL)'s . Assistive device(s) needed: W/chair, rolling walker, #:1 commode. Special treatments or procedures planned for discharge: None.
Facility: Family First, Referrals for care: Other /OT/HHA. Follow-up physician care: Follow up with PCP in 5-7 days. Diet/Nutrition: NAS Mechanical soft texture.
Current physical status of patient: Bed to chair Assist. Walking, Assist/Unable. Stairs Assist. Wheelchair Assist. Bathing Assist. Dressing Assist. Eating Independent. Brushes Assist. Toileting Assist. Commode Assist. Bed Pan Assist.
Additional Instructions / Patient Education: Nebulization 0.083% - inhale orally every 6 hours. , Solu. 0.02% - inhale orally every 6 hours.
Review of resident #1 progress notes found the following.
/ POE reviewed by the interdisciplinary team. DC plan reviews for resident to return home or ALF.
Narrative Case Management Intervention:
Per Resident #1 granddaughter patient return home after discharge. She lives with (son). But she will stay with daughter.
/ Resident #1 daughter advised of discharge plan / as per insurance suggestion, Dr. gave orders. Daughter now changed D/C plan we briefed her to list of LT facilities, she contacted facility and they did not have a bed.
/ Resident #1's Daughter gave me info on facility; I found one clinic staffer and spoke to her. She stated that she needs authorization from plan (PCP) for SNF until end of month. If not she cannot take patient. PCP will not give authorization for further /OT in SNF. Daughter appealed.
/ thePRO agrees to D/C. Resident #1 Daughter was advised that she will become private pay of /

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0007 Continued From page 1

Social Worker also advised daughter of Long Term facilities. We are still in progress of looking for facility or Long Term bed that can take her Medicaid pending (next line unreadable).
/ Daughter decided to take mom to ALF, All arrangements made.
Record review for Resident #2's file revealed that Resident #2 was admitted as day care on and discharged as day care on .
Record review of Resident #2 admitted to facility as a permanent resident on . Health assessment (AHCA form 1823) completed on indicated Resident #2 needed assistance for ambulation, bathing, self-care, toileting, and transferring, needed total care for dressing and eating. It also indicated Resident #2 needed assistance with self-administration of medications, Resident #2 started to receive hospice services on with diagnosis of 's / . Plan of care completed at the time of admission stated that resident was total dependent of all activities of daily living, non-ambulatory, bound to wheelchair. Resident #2 had doctors order for half-bed rails, hospital bed, crush medicines, puree diet, thick it with liquids, at 2 liters per minute via nasal cannula as needed dated and signed on .
In an interview with Staff E on at 12:16 PM revealed that Resident #2 was day care and went to the hospital and when Resident #2 returned to the ALF the hospital enrolled Resident #2 in a hospice program and that is how the resident why the resident was admitted to the ALF, he stated he didn't think it would be a problem as Resident #2 had been part of the ALF as a daycare previously.
Class III

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

Based on observation, record review, and interview, the Assisted Living Facility failed to have a licensed nurse to administer medication for one (#2) out of two sampled residents.
Findings Include
Record review of Resident #2 admitted to facility as a permanent resident on . Health assessment (AHCA form 1823) completed on indicated that Resident #2 needed assistance with self-administration of medications. Resident #2 started receiving hospice services on with diagnosis of / . Resident #2 had doctor order for crush medicines dated and signed on .
In an interviewed with Staff D on at 11:54 AM revealed that Staff D administered medications to Resident #2 because " Resident #2 cannot hold the spoon. " Resident #2 took crushed medications. Staff D crushed medicines and mixed them with fruit puree.
Observed on at 12:50 PM Staff D took medicine, Fumar 25 mg which was ordered one tablet by mouth twice a day and two tablets at bed time, indicated for Resident #2 and mixed whole tablet with apple sauce. Staff D did not inform to Resident #2 which medication she was going to take.
In an interview with Resident #2 on at 12:54 PM revealed she understood what medication she took and what it was for.
Interview with Staff D on at 12:57 PM revealed Staff D was not a licensed nurse.
Class III

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

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SUMMARY STATEMENT OF DEFICIENCIES
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0093 Continued From page 2

Based on observation, record review, and interview, the Assisted Living Facility failed to note substitutions served before or when the meal was served.
Findings include:
Observation on at 12:30 PM revealed five out six residents in the facility had for lunch white rice, black beans, roast chicken, mixed salad, and rice pudding.
Record review of menu posted at the refrigerator door in the kitchen revealed the menu scheduled roast chicken, sweet potato, carrots, mixed salad, and fruit cocktail.
On at 12:35 PM Staff D stated, " Residents like to eat beans because they disliked dry food. "

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Family First Alf, Inc
15600 Sw 143 Avenue
Miami, FL 33177

RE: CCR #2015001427

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on 24-
20, 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 Supevisor at (305) 593-3100.

Sincerely,

Arlene Mayor-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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