STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968122	**05/04/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ADULT LEISURE LIVING, INC	**15650 WEST BUNCHE PARK DRIVE MIAMI GARDENS, FL 33054**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 2015. Adult Leisure Living, Inc with Limited Nursing Services had the following deficiencies at the time of the survey.

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

Based on personnel record review and staff interview, the administrator failed to have continuing education (12 hours every 2 years) in topics related to assisted living facility,

Findings included:

Record review on at 10:00 AM showed that the facility's Administrator (hired did not have continuing education update in regards to their CORE completion in his personnel chart. Record review found a six hours training dated which expires on The previous 12 hours update training is dated and expired

Interview on at 1:28 PM with the Administrator acknowledge the 12 hours continuing education update was not completed.

Class III

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

Based on record review and interviews, the facility failed to provide documentation ensuring that one of three staff members who provide direct care to residents (Staff B), received the required in-service training within 30 days of employment.

Findings included:

A employee record review on showed Staff B (hired did not have the in-service training's in the following areas:
control, Reporting adverse incidents, Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, Resident rights,
Resident behavior and needs, Providing assistance with the activities of daily living, the facility's resident elopement response policies and procedures within thirty (30) days of employment.

An interview on at 3:00 PM the Administrator acknowledge Staff B did not have the training's above after review of her folder.

Class III

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ADULT LEISURE LIVING, INC	15650 WEST BUNCHE PARK DRIVE MIAMI GARDENS, FL 33054	

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

Based on record review and interview the facility failed to ensure that one out of three (Staff B) have initial 4 hours medication training and on providing assistance with self administered medications and safe medication practices in an assisted living facility.

Findings included:

Record review done on [redacted] found that the Staff B's 4 hours medication training was dated [redacted] and expired [redacted]. There were no other documentation proving Staff B had completed the continuing education.

Interview with the Administrator on [redacted] at 3:00 PM acknowledge Staff B did not have the 4 hours for medication training.

Class III

0090 - Training - [redacted] - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to ensure that one out of three (Staff B) sampled have the training in [redacted]

Findings included:

Record review conducted on [redacted] showed no documentation of Staff B (hired [redacted] having the [redacted] training.

Interviewed with Administrator on [redacted] at 3:30 PM acknowledge Staff B did not have the training.

Class III

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

Based on record review and interview the facility failed to have the facility's elopement response drills documented.

Findings included:

Record review of the elopement book show the policies and procedures. There last elopement response drill documented by facility was dated [redacted] There were no other drill documented.

Interview with the Administrator on [redacted] at 12:12 PM stated, "We haven't done it in a while."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0160 Continued From page 2

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Adult Leisure Living, Inc
15650 West Bunche Park Drive
Miami Gardens, FL 33054

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,

Kristal Branton for

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
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