STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968641	R **06/01/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
NEW AGE ADULTCARE INC	**1105 W 2ND AVENUE HIALEAH, FL 33010**	

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

0000 - Initial Comments

A Complaint (CCR#2015001929) survey revisit was conducted on , 2015. New Age Adultcare Inc. had deficiencies at time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to have completed health assessments for two out of seventeen (#10 and 12) sampled residents.

Findings included:

Record review on / revealed that Resident #10 (admitted on) did not have the weights, height, and date recorded on the health assessment (Form 1823).

Record review on / revealed that Resident #12 (admitted on) did not have the weights, height, and recorded on the health assessment (Form 1823).

Interview on / at 1:30 pm the Administrator acknowledged that Residents #10 and 12 were missing information on the health assessments.

Class III

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

Based on observations and interview the facility failed to ensure that staff assisted two out of seventeen (#7 and #12) sampled residents with self administration of medications within one hour of the ordered timeframe.

Findings included:

Observation during tour on first floor of the facility on / at 10:00 am found that Resident #7 was asking for her medications. Resident #7 stated that she needed her medications and nobody gave to her.

Observation during tour on / at 10:00 am revealed that Resident #12's medication bingo cards still had the pills of the 8:00 am medications.

Observation on / at 10:20 am found Staff A assisted Resident #12 with his medications, 375 milligrams (mg), Quetapine Fum 25 mg and Nameda 10 mg which were supposed to be given at 8:00 am.

Observation on / at 10:46 am found Staff A assisting Resident #7 with her medications, 5 mg, Congentin 1 mg, 2 mg, and 500 mg which were supposed to be given at 8:00 am.

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

0052 Continued From page 1

Interview on / / at 10:00 am Staff A stated, "I was waiting on Resident #12 to wake up to provide his medications, and Resident #7 did not have her medication here because the pharmacy did not bring them."

An interview with the Administrator on / / at 12:44 pm revealed that Resident #7 did not received her medication because the doctor had to revaluated and the pharmacy was waiting on him; however, the Administrator Assistant went early in the morning to pick them up.

Class III

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

Based on observations, record review, and interview the facility failed to have maintained medication observation records (MORs) for three out of seventeen (#14, 15, and 17) sampled residents.

Findings included:

Observation during tour on / / at 10:00 am revealed that Residents #14,15, and 17 medications bingo card did not have the pills of the 8:00 am medications.

Record review found the medication observation record for Residents #14,15, and 17 was not initialed on / / for the 8:00 am medications.

Interview on / / at 10:00 am Staff A stated, " I provide the medications for Residents #14, 15, and 17; however, I forgot to sign because I have to go upstairs to clean the broken ."

Class III

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

Based on observation and interview the facility failed to maintain that the plumbing system was in good working order. The facility failed to provide a clean and safe environment for residents.

Findings included:

Observation on / / at 9:30 am revealed that the 's toilet at the second floor was not flushing (next to 208 and 207). Observation on / / at 9:30 am revealed that there was a sign in the door that indicated that the toilet was not functioning.

Interview on / / at 9:30 am with Residents #7 revealed that the full of water, which came out from

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NEW AGE ADULTCARE INC	**1105 W 2ND AVENUE HIALEAH, FL 33010**	

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

0152 Continued From page 2

the toilet.

Observation on [redacted] at 9:40 am revealed that a cat was in Resident #16's bed in [redacted].

Interview on [redacted] at 9:40 to Resident #16, stated, "The cat that live on the street and come inside of the facility."

Interview on [redacted] at 11:00 am with Administrator, stated "I recently fix the other [redacted]; however, I will fix this one, too. The Administrator also stated "the cat get inside here but it does not belong to us."

Class III

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

Based on record review and interview the facility failed to have signed a consent for unlicensed staff to assist with self-administration of medication for one out of seventeen (#12) residents sampled.

Findings included:

Record review on [redacted] revealed that Resident #12 (admitted on [redacted]) did not have a signed consent for unlicensed staff assisting with self-administration of medication.

Interview on [redacted] at 1:30 pm the Administrator acknowledged that Resident #12 form was not signed.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to have an executed contact at admission for one out of seventeen (#12) sampled residents.

Findings included:

Record review on [redacted] revealed that Resident #12 (admitted on [redacted]) did not have a signed contract between the resident and the facility. The contract had the resident's name printed and the location for the signature had an "x" but next to it was blank.

Interview on [redacted] at 1:30 pm the Administrator acknowledged that Resident #12 form was not signed.

Uncorrected Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11968641

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
6/1/2015

Name of Facility
NEW AGE ADULTCARE INC

Street Address, City, State, Zip Code
1105 W 2ND AVENUE
HIALEAH, FL 33010

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0026** Reg. # **58A-5.0182(2) FAC** LSC		ID Prefix **A0032** Reg. # **58A-5.0182(8) FAC** LSC		ID Prefix **A0055** Reg. # **58A-5.0185(6) FAC** LSC	
ID Prefix **A0079** Reg. # **58A-5.019(3) FAC** LSC		ID Prefix **AZ815** Reg. # **408.809, 435.02(2), 435.06** LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency

Reviewed By

Date: 6/22/15

Signature of Surveyor:

Date:

Reviewed By CMS RO

Reviewed By

Date:

Signature of Surveyor:

Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
New Age Adultcare Inc
1105 W 2nd Avenue
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a Complaint revisit survey conducted on , 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
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