

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/09/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964612	(X3) DATE SURVEY COMPLETED 06/26/2015
NAME OF PROVIDER OR SUPPLIER MANULY'S ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 12710 NW 8 LANE MIAMI, FL 33182	

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

0000 - Initial Comments

A Monitoring Survey was conducted on [redacted] Manuly's Adult Care with a Standard license had the following deficiencies found at time of the survey:

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

Based on record review and interview, the facility failed to maintain accurate medication observation records for six of seven sampled residents (Residents # 1, 2, 4, 5, 6 and 7). The medication observation records were signed daily by the Administrator from [redacted] 1- [redacted], 2015 despite the Administrator's absence from the country during a site visit on [redacted].

Findings included:

Record review on [redacted] revealed, that Medication Observation Records for Residents # 1, 2, 4, 5, 6 and 7 for all hours of medication from [redacted] 1-26, 2015 were signed with the letter 'M'.
On [redacted] at 11:30 a.m., an interview was attempted, however the staff stated that any questions must be directed to the administrator. At 6:30 a.m. on [redacted], the administrator stated, he would not answer any questions on the advice of his attorney.
On [redacted] at 11:35 a.m., the facility's co-owner stated that the letter 'M' stood for the Administrator's name.
Record review revealed that during a site visit on [redacted], the Administrator stated by telephone that he was unable to come to the facility for a complaint inspection site visit because he was vacationing and was out of the country.

Class III

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

Based on observation and interview, the Assisted Living Facility failed to provide a safe and clean living environment free of hazards.

Findings included:

On [redacted] at 11:15 AM, during tour of the Facilities [redacted] # [redacted] the following observations were made: there was an unassembled hospital bed lying on its side being held by a chest of drawers by the door to [redacted] # [redacted] # [redacted] has a walk-in closet, inside the closet there is a chest of drawers with a door missing. Behind the chest of drawers, the lower part of the wall has a large brown stain with darker patches that runs from the back to the front of the wall. There is a brown stain and a hole on the lower left hand side of the wall by the shower area door.

On [redacted] at 11:29 AM the owner stated, "Why are you taking so many pictures?"

Class III

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/09/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964612	(X3) DATE SURVEY COMPLETED 06/26/2015
NAME OF PROVIDER OR SUPPLIER MANULY'S ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 12710 NW 8 LANE MIAMI, FL 33182	

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on observation and record review, the facility failed to maintain documentation that one of two sampled employees (Employee A) did not have a break in service lasting more than 90 days prior to her employment.

Findings include:

On [redacted] at 6:30 a.m., Employee A was observed working alone at the facility as the caregiver for 7 residents.
On [redacted] at 6:30 a.m., an interview was attempted however neither the administrator nor Employee A were willing to provide any information.
On [redacted], record review revealed that Employee A's Eligible Level II Background Screening was dated [redacted] / [redacted] / [redacted] two years and eight months prior to her hire on [redacted].
On [redacted], record review revealed that no prior employment was listed on Employee A's application.
On [redacted], record review revealed no documentation of the facility having verified that the employee did not have a break in service of more than 90 days between [redacted] / [redacted] and her hire on [redacted].

Unclassified

Z824 - Right of Inspection; inspection reports - 408.811 FS, 59A-35.120 FAC

Based on observation and interviews, the facility failed to cooperate with personnel from the Agency for Health Care Administration during complaint inspection monitoring visits. The facility could not be accessed for an inspection because the exterior doors were locked. The facility's telephone was not answered and staff and administrators refused to allow an inspection.

Findings:

On [redacted], agency staff arrived at the facility at 6:15 a.m. and found the front screen door locked and all other doors into the facility were locked.
On [redacted] at 6:19 a.m., agency staff called the facility's published telephone number & heard the telephone ringing inside. A woman answered and hung up.
On [redacted] at 6:20 a.m., Agency staff called back and the woman answered again. Agency staff identified themselves and the purpose of the visit and asked her to open the door. She hung up.
On [redacted] at 6:20 a.m., Agency staff called again and the woman answered again. Agency staff identified themselves and the purpose of the visit and asked her to open the door. The woman who had answered stated, 'No hablo ingles.' In Spanish, Agency staff identified themselves and asked her to open the door. The woman said, 'Momentito' and hung up.
On [redacted], agency staff waited a few minutes and the door didn't open. Agency staff called the facility's telephone number again about 6 times, but facility staff did not answer the phone.
On [redacted] at 6:23 a.m. - Agency staff contacted a supervisor to request the administrator's telephone number. While waiting for a call back, Agency staff continued to call the facility, but there was no answer.
On [redacted] at 6:34 a.m., vehicles pulled into the facility's driveway. A man got out of the first vehicle shouting angrily in Spanish, "What are you doing here. You cannot come here. This is my house." When asked if he was

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/09/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964612	(X3) DATE SURVEY COMPLETED 06/26/2015
NAME OF PROVIDER OR SUPPLIER MANULY'S ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 12710 NW 8 LANE MIAMI, FL 33182	

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

Z824 Continued From page 2

the administrator, the man stated that he was. Agency staff identified themselves and explained that they were there to monitor the facility and had been unable to gain entrance, asking if they could enter to complete the monitoring. The Administrator said, that staff could not enter, and that his lawyer had told him not to let anyone in. The man in the second vehicle approached Agency staff to ask why they were there, because Agency for Health Care Administration (AHCA) had already caused them so many problems the previous week. He stated that he was the other owner and that Agency staff could not enter because their attorney had told them not to let anyone in. On at 6:35 a.m., the Agency supervisor asked to speak with the administrator by telephone. He refused to speak with her and restated that the Agency staff could not enter the facility.

Unclassified



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Manuly's Adult Care
12710 Nw 8 Lane
Miami, FL 33182

Dear Administrator:

This letter reports the findings of a Monitoring 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-Davsi, 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



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida