STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963738	**06/26/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HOGAR DE AMABLE CONSUELO CORP	**134 W 59TH STREET HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Complaint (CCR#2015004353) Survey was conducted on , 2015 and concluded on , 2015. Hogar de Amable Consuelo Corp. with a standard license had deficiencies at time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to ensure that 2 out of 6 sampled residents (#2 and #5) met residency criteria, the facility failed to ensure that the residents did not require total assistance with activities of daily living.

Findings included:

On at 8:43 am observed Resident #2 sitting in a recliner chair with her both legs up and attempted to interview Resident #2 but she was not able to answer. Further observations on at 12:15 pm found both staff members (Administrator and Staff E) placed their hand under Resident #2 arms to lift her to her feet, Resident #2's feet did not touch the ground, and the resident was not able to assist with her transfer.
On Staff E stated that Resident #2 required total assistance with her activities of daily living and that she was not admitted to hospice. She stated that resident is not able to walk and required total assistance with transfer. Staff E also stated that Resident #2 had a on her sacrum.

Record review found the last health assessment for Resident #2 was dated , it documented that the resident needed assistance with all activities of daily living.

Record review of Resident #5's health assessment completed on and stated on the section Physical or sensory limitations that the lower extremities are partially contracted with rigidity and that the patient is bed bound.
On at 11:40 am Staff E stated "I can tell you that Resident # 5 was never supposed to be admitted here because he was always agitated and screaming 24 hours a day. He would not sleep. He could not walk but was able to assist with transfer. I had to do everything for him."
Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observations, record review, and interviews, the facility failed to ensure that the needs of 3 out of 6 (#2, #4, and #5) sampled residents needs could be met at the facility. The facility failed to provide documentation that 3 out of 6 (#2, #4, and #5) health care providers were contacted after the residents had changes in health condition such as care, pain management, and mental health.

Findings included:

1. On at 8:43 am Resident #2 was observed sitting in a recliner chair with both legs up. At that time, an

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attempt was made to interview Resident #2, but she was not able to answer.
On at 8:43am, Staff E stated that Resident #2 required total assistance with her activities of daily living. Staff E also stated that Resident #2 had a on her sacrum.

The facility's resident observation log (resident notes) for Resident #2 stated on , "The Resident return from the ...hospital with her arm purple and hip too. The staff...maintain patient clean and dry prevention skin damage . On "Dr...visited ALF for Resident #2....Home care nursing ordered for skin on sacral area." Record review found a doctors order for a home health evaluation dated for Resident #2's sacral . Record review found the facility did not have any written documentation regarding changes to Resident #2's sacral area. There was no documentation to determine the onset of Resident #2's . Record review revealed, the care started on during the survey.

On at 1:30 pm, a nurse from the home health agency came to perform care for Resident #2. She stated, this is the first time that she is going to see Resident #2, as the resident was signed up for care on Friday, . At 1:35 pm, care was observed for Resident # 2. The resident was observed to have a sacral , . Staff E stated, the resident has had redness in the sacrum for about 2 or 3 weeks. The facility did not have any notes in the record that the doctor was contacted 2 or 3 weeks ago regarding the care orders.

2. On at 11:40 am, Staff E stated, "Resident #4 is young, only , he is not aggressive, but he is constantly [mast.....]."

On , the facility faxed a comprehensive control plan (not dated) for Resident #4. The plan stated, "Mark and identify towel and linens used. Wash clothing separately, using Clorox bleach and detergent. Designate a separate . Provide hand soap and toilet paper. Instruct resident to wash hands with soap and water frequently...Prompt resident to go to the privacy of his feeling the urgency to [mast.....] and wash hands thoroughly. Instruct/reinforce caregivers on an ongoing basis to use Universal precautions and personal protective equipment (PPE) at all times. Avoid contact with bodily fluids at all times."

The facility did not have any evidence to demonstrate that the plan was followed by facility staff. The facility did not have a for Resident #4 and the staff present were not observed on from after lunch from 11 am to 2:30 pm reminding Resident #4 to wash his hands and ensure that control measures were followed.

On , the facility provided an observation log for Resident #4 that was not included in the notes that were at the facility at the time of the survey. The one note provided was dated and documented, "Ongoing control practices enforced with staff regarding Resident #4." On , "Problem: Excessive [mast.....]/ aberrant behavior contacted Dr...psych and coordinated transfer to hospital further observation. On , "Resident is [mast.....] in public, coordinated with Dr...to evaluate patients ' treatment plan."

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Phone interview with the Owner of the facility on at 3:33 pm, she stated, Resident #4 has seen the doctor regarding him [mast.....], and she reported they would change his medications, then he would be okay, but then resident #4 would start again.

3. On at 11:40 am, Staff E reported, "I can tell you that Resident # 5 was never supposed to be admitted here because he was always agitated and screaming 24 hours a day. He would not sleep. He could not walk, but was able to assist with transfers. I had to do everything for him. He was always screaming and when you asked him why he was screaming he would answer, I do not know. Since the day he got here he was complaining of back pain. The day that I sent him to the hospital, he had no . I called the Owner and told her that he kept complaining all the time, but his wife wanted to take him to an appointment. The Owner told me to call 911 and they came and checked him and he was fine and had no . The family said that the appeared at the hospital. He did not here. Staff E reported, Resident #3, the other resident is in the the time and he said that he did not see him . Rescue asked me if I wanted to send him to the hospital because he was fine and I told them to take him because he would not stop screaming all the time. They took him on a stretcher and they tied him to it and he kept moving and fighting with them."

On at 9:55 am interviewed Resident #3, he stated, "There was a resident that used to sleep here with me, his name was Resident #5 and he used to scream 24 hours calling his mother, his wife, and asking for food. He was always asking for food, even when he had just finished eating he would scream saying that he was hungry. I never saw him and I never saw him being beaten here."

Record review of Resident # 5's health assessment dated on and documented on the section for Physical or sensory limitations, the lower extremities are partially contracted with rigidity and that the patient is bed bound.

On the local hospital record was received, the ambulance report dated for Resident #5 and documented the providers impression: pain and chief complaint for two days. The hospital admission diagnosis dated was chest and status post chest tube placement. Chest x-ray findings: There is . The and hila are normal. There are infiltrates in the right low . There is a right sided chest tube in place without . There is on the right. There is a defibrillator on the right atrium and ventricle. The bony is intact. Computed Tomography (CT) of the Chest without contrast; impression there are multiple right sided with displacement of the lateral aspect of the 7th and 8th ribs extending to the space causing hemo-. Atelectatic changes in the right lower are noted. CT of the with contrast; impression no acute . Chronic changes as described. Small frontal scalp hematoma identified. Chest x-ray (indication); impression infiltrates in the right upper and lower with area of atelectasis in the right lung base. on the right as described.

On , the facility faxed documents that stated on , the facility was under an investigation with other state agencies regarding Resident #5. The Owner stated, "I had interviewed my staff and residents. The

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administrator had also separately conducted investigations and we both arrived to the conclusion that Resident #2 never while under the care of Hogar Amable ALF."

Class II

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review, and interview, the facility failed to ensure a doctor's order for half bed rails was followed for 1 out of 6 (#2) sampled residents.

Findings included:

On at 9:48 am found Resident #2's bed did not have bed rails attached to her bed.

Record review found a doctor's order dated for half bed rails.

On at 9:48 am, the Administrator first stated that the resident did not have bed rails. Then she spoke to Staff E. Both staff members went to the back of the facility and brought a bed rail and the Administrator stated it off the bed this morning. Then the Administrator stated, it was taken off the bed in the morning and placed on the bed at night. The Administrator was unclear as to why the bed rails were not attached to Resident #2's bed.

Class III

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

Based on record review and interview, the facility failed to maintain medication observation records (MORs) for 1 out of 6 (#4) sampled residents.

Findings included:

The facility documented on that Resident #4 visited his family on , 25, and 26, 2015. Record review found both medication observation records (MORs) were initialed by the facility as given on , 25, and 26, 2015, despite the resident not being at the facility.

On at 11:18 am, the Administrator acknowledged that the MORs were not initialed correctly for Resident #4.

Class III

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0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure that staff completed courses in First Aid and and held current documentation in the facility at all times for 2 out of 6 sampled employees (A and D).

Findings included:

Employee record review found the Administrator's ( ) training will expire on / , there was no proof of a completed First Aid training in the file.

On at 10:15 am, the Administrator stated that she did both training, but did not realize that the card only stated that she completed the .

Employee record review found Staff D's training will expire on , there was no prove of a completed First Aid training in the file.

On at 10:20 am, Staff D stated that she thought that she had done both training but did not realize that the card only stated that she completed the .

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to ensure that documentation in the record for a 4 hour of Assistance with Self Administration of Medication training in the employee's file was not fraudulent for 1 out of 6 sampled employees (Staff F).

Findings included:

Personnel record review of Staff F's file revealed, there was a copy of a certificate stating that she completed the 4 hours of Assistance with Self Administration of Medication training on . The certificate was signed by a Registered Nurse that in early 2013.

At 11:10 am on , the Administrator stated that she did not know that the certificate was a fake and that the employee brought her the certificate and she put it in the employee's record.

Class III

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

Based on observation, record review, and interview, the facility failed to have doctor's orders for therapeutic diets for

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2 out of 6 (#2 and #6) sampled residents. The facility also failed to ensure that items on the menu were offered to the residents and failed to document substitutions on the menu.

Findings included:

Lunch observations on at 10:56 am found Resident #2 was feed by Staff E a pureed meal while sitting on the sofa. Resident #6 also received a pureed meal for lunch. Residents were served chicken (changed from turkey), rice, beans, plantains, beet salad (changed from green beans) which was not noted on the menu. Pineapples was listed on the menu, but was not observed for lunch.

Interview with Resident #1 on confirmed that residents were not served pineapples.

Record review found the facility did not have a diet order from the doctors for Resident #2 and #6.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on record review and interview, the facility failed to have a completed Level II Background Screening prior to the employee being hired and having contact with the residents for 1 out of 6 sampled employees (staff D).

Findings included:

Personnel record review of Staff D revealed, a Level II Background Screening was done on and there is no eligibility result. The eligibility result box states: "Awaiting Privacy Policy." Record review found Staff D was hired to provide care to residents on / /.

On at 11:15 am, the Administrator stated that she thought that the result was completed and that the employee could work with that result.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Hogar De Amable Consuelo Corp
134 W 59th Street
Hialeah, FL 33012

RE: CCR #2015004353

Dear Administrator:

This letter reports the findings of a Complaint survey that was concluded 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

Hogar De Amable Consuelo Corp
, 2015

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact . Laura Manville, Survey and Certification Support Branch, at (727) 552-1955 Verlande Exil, Health Facility Evaluator Supervisor, Miami, (305) 593-3100

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

Field Office Manager

D7JR

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator/ Owner
Hogar De Amable Consuelo Corp
134 W 59th Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a Complaint 2015004353 survey conducted on and concluded , by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within ten days of receipt of this hand delivered report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0025 - 429.26(7) Fs; 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G

Directed Corrective Actions:

1. The facility shall ensure that all residents are reassessed for the appropriateness of continued residency by a health care provider to ensure the residents needs can be met at an assisted living facility. These assessments are to be recorded on AHCA form 1823. These assessments must be kept in resident records, on file at the facility and available for agency review. **This shall be completed by , 2015.**

2. Your facility shall implement a formal policy and procedure for assessing residents who are receiving care and how your facility will meet the needs of residents. This must include, at a minimum, the following components:

- How residents receiving care will be assessed prior to admission/readmission for appropriateness for residency.
- Procedures for documenting changes in condition, contact with medical and service providers and communication between staff regarding resident status.How and when staff are to contact a resident's medical provider.
- How and when staff are to contact a resident's responsible party.
- Who is to be contacted and the location of all necessary resident information in the event a resident experiences a change of condition and requires a more acute level of care. **This shall be completed by , 2015.**

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