STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965358	06/10/2015
NAME OF PROVIDER OR SUPPLIER **MOLINA'S ADULT CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **9830 SW 12 TERRACE** **MIAMI, FL 33174**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2015. Molina's Adult Care had the following deficiencies found at time of the survey:

0010 Admissions - Continued Residency

Based on observation, record review, and interview, the facility failed to ensure that residents met the continued residency criteria for two out of six sampled residents (Resident #2 and #3).

Findings included:

Observation on / / at 9:30 AM showed Resident #2 sitting in his wheelchair in his
Resident #3 was observed sitting in the common . The resident was awake and alert.

Review of Resident #2's record on at 10:20 AM documented that he was admitted to the facility on / and has a diagnosis of Functional decline, , and Afaxia. The health assessment documented that he requires assistance with assistance with eating and total assistance with ambulation, bathing dressing, , toileting and transferring.

Review of Resident #3's record on / at 10:30 AM documented that she was admitted to the facility on and has a diagnosis of , wheelchair bound, and .
The health assessment documented that she requires assistance with the activities of daily living and was bedridden.

Interview on at 4:10 PM, the facility's Administrator confirmed that sampled Resident #3 was unable to assist with her own transfer; therefore the residents no longer met the criteria for continued residency and would be discharged from the facility. The Administrator said that Resident #2 is able to transfer with staff assistance.

Class III

0026 Resident Care - Social & Leisure Activities

Based on observation and interview, the facility failed to have a monthly activities calendar displayed.

Findings included:

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Observation on / / at 09:45 AM revealed that there was an activities calendar posted in the facility for 2014.

Interview on at 2:00 PM, the Administrator acknowledged that the facility did not have an updated monthly activities calendar displayed.

Class III

0051 Medication - Pill Organizers

Based on observation and interview, the facility failed to ensure that residents who used pill organizers did not require assistance with medications from the facility staff for one out of six (Resident #5) sampled residents.

Findings included:

Observation on / / at 2:00 PM, showed that medications were kept in pill organizer for Residents #5.

On / / at 2:35 PM, the facility's Administrator stated "Resident's daughter filled the pill organizers and we assist the resident with her medications."

Class III

0056 Medication - Labeling and Orders

Based on observation and interview, the facility failed to have the residents' medications properly labeled for one out of six (Resident #4) sampled residents.

Findings included:

Observation on at 1:00 PM showed that 5 mg was unlabeled.

Interview on at 2:00 PM, the Administrator stated the unlabeled medications belonged to Resident #4.

Class III

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0079 Staffing Standards - Levels

Based on record review and interview, the facility failed to provide a current work schedule which reflects the facility's 24 hour staffing pattern for a given time period.

Findings included:

Review of facility records found no written work schedule which had been maintained to reflect the facility's 24 hour staffing pattern.

Interview on at 2:00 PM, the Administrator acknowledged there was not a written work schedule for the staff that reflected the 24 hour staffing pattern.

Class III

0083 Training - First Aid and

Based on observation, record review, and interview, the facility failed to ensure that at least one staff member who is trained in and First Aid is in the facility at all times when the residents are in the facility. This was evident for Staff C.

Findings included':

Observation on / at 09:00 AM showed Staff C was in care of the residents and providing personal services to them.

Record review and request for Staff C on / showed that no record was available in the facility for this staff.

Interview conducted on / at 10:45 AM, Staff C stated "I have been working in the facility for one week."

Interview conducted on / at 2:45 PM, the facility's Administrator revealed Staff C did not have and First Aid training.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

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Based on record review and interview, the facility failed to provide initial 4 hour education training on providing assistance with self-administered medications and safe medication practices in an ALF for one out of three staff (Staff C).

Findings included:

Record review and request for Staff C on / / showed that no record was available in the facility for this staff.

Interview conducted on / at 10:45 AM, Staff C stated "I have been working in the facility for one week."

Interview conducted on at 2:45 PM, the facility's Administrator revealed that Staff C assisted residents with self-administered medications.

Class III

0093 Food Service - Dietary Standards

Based on record review and interview, the facility failed to provide a regular and therapeutic menu to be used by the facility. The facility failed to maintain a 3 day supply of non-perishable foods.

Findings included:

Observation during the tour on at 9:30 AM showed that there were six residents in the facility and the menu posted expired on .

Review of the facility's records on / showed that there was no current regular and therapeutic menu on file.

Review of the emergency food supply showed that the facility had zero (0) ounces of milk.

Interview conducted on / at 2:45 PM, the facility's Administrator stated that the facility did not have a current menu and did not have milk in the emergency food supply.

Class III

0160 Records - Facility

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Based on observation, record review, and interview, the facility failed to maintain an up-to-date admission and discharge log for one out of six sampled residents (Resident #5). The facility failed to have proof of a satisfactory annual fire inspection. The facility failed to have proof of a liability insurance policy.

Findings included:

Observation on / / at 09:15 AM showed that Resident #5 was observed sitting in the living other facility residents.

Review of the Admission & Discharged log on at 9:35 AM, showed it did not include Resident #5.

Review of facility record on / / at 10:00 AM showed a fire inspection dated / / had five violations and the liability insurance policy expired on .

Interview conducted on / / at 2:45 PM, the facility's Administrator stated that the facility has a satisfactory fire inspection and has a current liability insurance policy but the documents were not in the facility at the time of the survey. She confirmed that Resident #5 was not on the admission log.

Class III

0161 Records - Staff

Based on observation, record review, and interview, the facility failed to provide evidence of personnel records containing a copy of the employment application with references for one out of three (Staff C) sampled staff.

Findings included:

Observation on at 09:00 AM showed that Staff C was the only staff member at the facility with the residents and assisting with personal care.

Record review and request for Staff C on showed that no record was available in the facility for this staff.

Interview conducted on / / at 10:45 AM, Staff C stated "I have been working in the facility for one week."

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Interview on at 2:00 PM, the Administrator acknowledged that Staff C did not have an employment application with references.

Class III

0167 Resident Contracts

Based on record review and interview, the facility failed to ensure one out of five resident records (Resident #5) contained a resident contract executed at or prior to admission.

Findings included:

Review of Resident #'s record showed it did not contain a resident contract with the facility executed at or prior to admission.

Interview conducted on / at 2:45 PM, the facility's Administrator stated that in-fact, the facility had not executed and entered into a contract with Resident #5 who was admitted in the facility a week ago.

Class III

0181 Emergency Plan Approval

Based on record review and interview, the facility failed to review its emergency management plan on an annual basis.

Findings included:

Observation and record review of the facility's posted Emergency Management Approval letter was approved on / / .

Interview conducted on / / at 2:45 PM, the facility's Administrator revealed that the facility did not have the emergency management plan review and approval on an annual basis.

Class III

Z815 Background Screening: Prohibited Offenses

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Based on observation, record review, and interview, the facility failed to provide evidence of Level II background screening for one out of three (Staff C) sampled staff.

Findings included:

Observation on / / at 9:15 AM showed Staff C was in care of the residents and providing personal services to them.

Record review and request for Staff C on / showed that no record was available in the facility for this staff.

Interview conducted on / / at 10:45 AM, Staff C stated "I have been working in the facility for one week."

Background screening website was reviewed during the survey showed that there was no evidence of the Level II background screening done for Staff C.

Interview conducted on / at 2:45 PM, the facility administrator stated Staff C did not have documentation of compliance with level 2 background screening.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Molina's Adult Care
9830 Sw 12 Terrace
Miami, FL 33174

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

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