STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968367	06/29/2015
NAME OF PROVIDER OR SUPPLIER **WELLNESS LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15560 NE 5TH CT** **MIAMI, FL 33162**	

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

0000 Initial Comments

A Complaint (CCR# 2015004934) Survey was conducted on ,2015 and concluded on , 2015. Wellness Living Inc had deficiencies identified at time of survey.

0007 Admissions - Criteria

Based on observation, record review, and interview the facility failed to ensure that one out of four (#3) sampled residents met admission criteria. The facility failed to discharge one out of four (#3) sampled residents who had .

Findings included:

1. On at 8:35 am during the tour observed Resident #3 lying in bed. The resident was alert and talking for a short time and then continued to watch TV. Resident #3 was observed in bed throughout the survey. Resident was heard at times yelling for the staff and the Administrator to come into his stated that he was in a lot of pain.

2. Record review of Resident #3's file revealed that at admission to the facility, his health assessment stated he would need to have assistance of two persons for transfer. The diagnoses: Neulropena/ / Hx Lymphoma/ ; physical or sensory limitations were: generalized The Resident was admitted on .

3. Observations found on at 10:00 am a hospice company was at the facility to admit Resident #3. Interviewed hospice nurse in regards to the Resident's condition, the nurse stated that Resident #3 had a pressure on the left inner .

Interviewed the Administrator on at 12:00 pm in regards to the resident being placed into hospice services, she stated that Resident #3 wasn't bedridden but was waiting to be placed into hospice care.

Class III

0010 Admissions - Continued Residency

Based on observation, record review, and interview the facility failed to have one out of four (#2) sampled residents met continued residency criteria.

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Findings included:

1. On at 8:35 am observed Resident #2 sitting at the table for breakfast. Resident was observed sitting at the table with her head down, she looked like she was still sleeping. Then observed the caretaker feeding her cereal with banana slices. The resident cannot feed herself without the assistance of the staff.

During lunch observed both the caretaker and Administrator feeding Resident #2 again. The Administrator encouraged Resident #2 to feed herself but she could not. The resident 's hands were contracted and Resident could not open her hands.

After lunch Resident #2 was given a ink pen to show that she could use her hands by writing her name on a piece of paper. Resident #2 was by the request from the Administrator on what was needed for her to do with the pen. The resident could not even hold the pen to write her name on the paper.

2. Interviewed the Administrator on at 2:00 PM, she confirmed the findings in regards to Resident #2 not being able to feed herself. She stated Resident #2 would be transferred to another facility in which Resident #2 could receive the proper services needed.

Class III

0025 Resident Care - Supervision

Based on record review and interview the facility failed to have documentation regarding one out of four (4) sampled residents' .

Findings included:

Record review found Resident #4's file did not have any documentation regarding any .

Interviewed the Administrator on , she stated when Resident #4 and it was reported to her and the resident's family. She stated that the Resident's doctor was also called, the facility placed a chair in front of the resident's bed to help her with she was trying to get out of bed. She confirmed that the facility did not document the .

Class III

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0026 Resident Care - Social & Leisure Activities

Based on observation and interview the facility failed to provide any activities.

Findings included:

1. Observation on during the survey found the facility did not offer activities to the residents. Resident #1 is very independent, she was either sitting outside under a big tree in the rear of the facility or at times inside of the facility walking around until lunchtime.

2, Interviewed the Administrator in regards to the facility providing the residents with activities, she stated that only one of the residents could actually participate in an activity and that resident usually will go out into the community during the day.

Class III

0081 Training - Staff In-Service

Based on record review and interview the facility failed to have two out of two (A and B) sampled employees had training in Control/ Activities of Daily living; Behavioral needs/ Elopement Response Training/ Emergency Preparedness & Evacuation Training/ Incident Reporting Training/ Resident Rights; Recognizing/Reporting , Neglect & / Safe Food Handling within 30 days of employment.

Finding included:

1. Record review revealed that both Employees A(hired -) and B(-) did not have the following training within 30 days of employment: Control/ Activities of Daily living; Behavioral needs/ Elopement Response Training/ Emergency Preparedness & Evacuation Training/ Incident Reporting Training/ Resident Rights; Recognizing/Reporting , Neglect & and Safe Food Handling.

2. Interviewed the Administrator on at 3:00 PM, she confirmed the findings that both Employees did not their training.

Class III

0090 Training -

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on record review and interview the facility failed to have two out of two (A/B) sampled employees train in ( ) within 30 days of employment.

Finding included:

1. Record review revealed that both of these Employees (A/B) did not have any training documentation in their files regarding . Employee A. started on - and Employee B. started on - .

2. Interviewed the Administrator on at 4:00 PM, she confirmed the findings in regards to both Employees not having their training.

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview the facility failed to have accurate training documentation for two out of two sampled employees (A and B).

Findings included:

1. Record review revealed that Employees A/B had over 24 hours of training hours in one day documented on training documentation.

Employee A. (hired date -) training documentation hours:
1. (2 hours) dated , , 2015
2. HHA training (75 hours) dated , , 2015 License # 3228
3. / (3 hours) dated , , 2015
4. (3 hours) dated , , 2015
5. Domestic Violence (2 hours) dated , , 2015
6. Hippa (1 hour) dated , , 2015
7. Assisting Residents with Medications (2 hours) dated , , 2015
8. Control (2 hours) dated , , 2015
Totaled: 90 hours in one day

Employee B. (hired on -) training documentation hours:
1. HHA (75 hours) dated
2. / (3 hours) dated

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3. OSHA (2 hours) dated
4. Domestic Violence (2 hours) dated
5. (2 hours) dated
6. Medical Errors (2 hours) dated
7. HIPPA (1 hour) dated
Totaled: 85 hours in one day

2. Interviewed the Administrator on at 4:30 PM, she confirmed the findings in regards to both Employees (A/B) having too many hours of training.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview facility failed to provide a clean and safe environment for the safety of the Residents living there at the time of the survey.

Findings included:

1. Observations on at 8:35 am during the tour revealed that in the residents' to # 3 the ceiling area over the door of the is an air vent which is missing a cover screen and is an open area in which you can see directly into the vent and can see all of the dirt in the duct. In # in the residents' bathtub, observed an area of what appeared to be rust in the bottom of the tub. On the front porch section of the facility observed an area of rotten wood panel with a plant growing out of it. In the facility's kitchen food cabinet are observed what appeared to be rodent feces (droppings) on the cabinet shelves.

2. Interviewed the Administrator on at 11:00 am in regards to the findings, the findings were reviewed with her and she acknowledged them.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Wellness Living Inc
15560 Ne 5th Ct
Miami, FL 33162

RE: CCR #2015004934

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. **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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