STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965876	07/15/2015
NAME OF PROVIDER OR SUPPLIER **WE "R" FAMILY USA CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **2230 SW 131 COURT** **MIAMI, FL 33175**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on . We "R" Family USA Corp with Limited Mental Health component had the following deficiencies at the time of survey:

0032 Resident Care - Elopement Standards

Based on record review and interview the facility failed to conduct at least two elopement drills per year.

Findings as follow:

Record review showed the facility had no documentation of the elopement drills.

On at p.m. the facility's Administrator stated no elopement drills performed.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have evidence of a negative examination documented on an annual basis for 1 out of 4 (Staff B).

Findings as follow:

Record review showed the facility last freedom from communicable for Staff B was dated . The facility failed to have evidence of a negative examination documented on an annual basis for Staff B.

On at 3:30 the facility's Administrator acknowledged the staff did not have the documentation.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview the facility failed to have 1 out of 4 (Staff B) facility staff trained in assisting residents with self administration of medications, 2 hours of continuing education annually.

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Findings as follow:

Record review documented the facility failed to have Staff B (manager) trained in assisting residents with self administration of medications, 2 hours of continuing education annually. The last medication training at the facility was dated / .

On at 3:20 p.m. the facility's Administrator acknowledged the facility did not have the training.

Class III

0152 Phvsical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to have a decent and in good repair environment.

Findings as follow:

On at 10:20 a.m. it was observed the entrance door of # had the bottom part of the door frame was stains (black). # had two closets with no doors. One closet had male clothing, the other closet (a walk-in closet) was full with two folding beds, a night stand, and other items. The wall to the left of # had no paint, it appeared that repairs were in progress.
Staff C stated the items in the walk-in close belonged to the facility and could not be disposed.
Resident #3 interviewed on , he stated he slept in # .
Class III

0162 Records - Resident

Based on record review and interview the facility failed to have documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney for 3 out of 7 (#2, #3 and #5) facility residents.

Findings as follow:

Record review showed the contracts between facility and Residents #2, #3, and #4 were signed by a family member. Record review showed the facility failed to have documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney for Residents #2, #3 and #5.

On at 3:30 p.m. phone interview the facility's Administrator, he acknowledged the

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documentation was not completed.

Class III

L243 LMH - Training

Based on record review and interview the facility failed to have 1 out of 4 (Staff B) facility Staff trained in Limited Mental Health, 3 hours of continuing education every two years.

Findings as follow:

Record review showed the facility failed to have Staff B (manager) trained in working with Limited Mental Health , 3 hours of continuing education every two years. The last Limited Mental Health training was dated .

On at 3:20 p.m. the facility's Administrator acknowledged that the staff did not have the training.

Class III

Z827 Unlicensed Activity

Based on observation, record review, and interview the facility was over its capacity license capacity of 6. The facility had a census of 7 residents.

Findings as follow:

On at 10:20 a.m. observed 7 residents in facility.

On at 10:25 a.m. facility tour with Staff C found the following:
Residents #1, #2, and #4 (male resident)
Resident #7
Residents #5 and #6
Resident #3

When entering in # observed Resident #3 in the bath , one of the 's closets had male clothing.

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Resident #3 interviewed on at 9:30 a.m., he stated he slept in # . He also stated he staff assist him with bathing and dressing. Staff also assist him with medications.

Record review showed Residents #1, #2 #4 #5, #6 and #7 had a resident contract with facility. Record review also documented Resident #3 had a day care agreement with facility.

Staff C was asked on whether Resident #3 slept in # and she stated "sometimes".

On / at 10:45 a.m. the facility's Administrator acknowledge the facility had 7 residents.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
We "r" Family Usa Corp
2230 Sw 131 Court
Miami, FL 33175

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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com