STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963986	07/02/2015
NAME OF PROVIDER OR SUPPLIER **ADAM HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **158 WEST 8 STREET** **HIALEAH, FL 33010**	

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

0000 Initial Comments

A Complaint Survey (CCR #2015006226; CCR # 2015006089 and CCR # 2015007005) was conducted on - . Adam Home Inc with Limited Mental Health component had the following deficiencies found at time of survey.

0078 Staffing Standards - Staff

Based on observation, record review and interview, the facility failed to maintain time sheets for all the staff.
Findings included:
Observation on / at 12:59 PM showed that Staff C was in the kitchen and Staff D was providing personal services to residents. Further observation Staff E arrived at the facility at 2:40 PM. Attempt to review facility time sheets and facility did not have one for review at the time of survey.
Review of the Staffing Pattern of 2015 showed Staffs C and D scheduled to work from 7:00 AM to 7:00 PM; Staff E scheduled twice (D and E) and she was OFF on /.
During an interview on / at 2:14 PM facility Administrator stated that facility did not have a time sheet with staffs signed in/out of the facility. Furthermore she stated employee were hired many years together (sister, mom) and I never had any problem with them.
During an interview on at 11:58 AM, Staff C stated " I ' m working here for four years and I have open position I do everything from 7:00 AM to 3:00 PM Monday to Saturday and only one day off (Sunday) " .
During an interview on / at 12:26 PM, Staff D stated I have an open position and I do a lot here cleaning and assisting residents, I worked from 8:00 AM to 4:00 PM
Class III

0079 Staffing Standards - Levels

Based on observation, record review and interview, the facility failed to maintain an accurate writing work schedule that reflects its 24-hours staffing patter for a giving time period.
Findings included:
Observation on / at 12:59 PM showed that Staff C was in the kitchen and Staff D was providing personal services to residents. Further observation Staff E arrived at the facility at 2:40 PM.
Review of the Staffing Pattern of 2015 showed Staffs C and D scheduled to work from 7:00 AM to 7:00 PM; Staff E scheduled twice and she was OFF on /.
During an interview on at 11:58 AM, Staff C stated " I ' m working here for four years and I have open position I do everything from 7:00 AM to 3:00 PM Monday to Saturday and only one day off (Sunday) " .

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During an interview on at 12:26 PM, Staff D stated I have an open position and I do a lot here cleaning and assisting residents, I worked from 8:00 AM to 4:00 PM
During an interview on / at 2:14 PM, Administrator acknowledged that writing scheduled posted is not accurate.
Class III

0093 Food Service - Dietary Standards

Based on observation, record review and interview, the facility failed to provide food based on habits and preferences, and must be prepared through the use of standardized recipes. Facility to failed to document substitution on the menu before lunch was served. Facility failed to have the menu posted or easily available to residents. Facility failed to prepared and served therapeutic diets as ordered by the health care provider

Findings included:

Observations on / / by investigator from department of children ' s and families (DCF) showed upon arrival API then observed the refrigerator and deep freezer. API had concerns about the amount of food in the refrigerator as it did not appear to be enough to feed all the residents. The API also observed the deep freezer which also did not have an adequate amount of food for the residents. While API was at the ALF, API addressed why there was a lack of food and staff at the facility. The owner indicated that she buys meat at the beginning of the month based on her provisions and purchases fruits, veggies and other perishable items as needed (weekly) so they will not spoil.
During the facility tour by surveyor on / at 1:59 PM found that facility did have emergency food expired on (4 canned of Potatoes Mashed 5.44 pound each one) in the emergency food supplies lock closet.
Observation on / at 11:23 AM showed facility menu posted on the inside door to the kitchen for staff use. Menu was not posted on areas were residents can have easy access to read or review.
During Lunch observation for Thursday / at 11:35 AM, Caregiver C served to Residents food tray with white rice, black beans, meat, and fried plantain. Facility made substitution (fried sweet plantain, Peach Juices) facility did not served to residents (Peas and Mixed Salad with salad dressing and fresh fruit) Facility did not documented substitution on the menu before lunch was served to residents for / and / .
Record Review on showed that review facility menu done by dietitian effective to / / had note: special diet instructions DB + For : Follow portion size. Use sugar substitute, sugar free beverage, fruit juices with no added sugar and fruit in own juice. Low fat/ : Use skim milk, lean meats, baked, boiled or boiled, light mayonnaise, light margarine, low fat dessert or fruit.

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Lunch on Thursday / according to the facility menu was Pork Chop (4 oz); Rice (1 cup); beans (1/2 cup); peas (1/2 cup); mixed salad (1 cup); salad dressing (1 t); fresh fruit (1).
On / review Residents record showed the following:
Resident #1 (admitted on ///); Health assessment dated /// ; Special Diet Instruction (no added salt/ Low fat/ Low).
Resident #4 (admitted on ///); Health assessment / ; Special diet instruction (no added salt/ low fat/low).
Resident #5(admitted on /1); Health assessment dated /// /1, Health assessment dated ; Special diet instruction (no added salt/ low fat/low).
Resident #6 (admitted on); Health assessment dated / ; Special diet instruction Others (NCS)
During an interview on at 1:30 AM, Caregiver C acknowledged that she did not served peas, mixed salad, salad dressing and fresh fruit to residents. She stated I do not have any resident with special order that I know. She stated residents ate everything here. She stated facility did not have food for and for residents diet with Low fat/ low facility did not have skim milk (facility have powder Milk only) no light margarine, no low fat desserts or fruit and not fresh fruit for residents.
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a safe living environment, free of hazards and did not ensure all the existing structural and mechanical systems are maintained in good working order.
Findings included:
During facility tour on /// at 1:19 PM with Staff C the following observations were made:
In # and # the air conditioning vent was observed to have a black substance around the frame.
Further observations common shows in #1 and #7; #2 and #6; #3 and #5 and #4 has and shower head dripping water (low pressure of water).
the wall at the head of the bed has brownish substance on it.
On /// at 1:19 PM Staff C during the facility tour acknowledge and was fixing the shower head with her own hands.
During an interview on /// the Administrator stated, " our handyman is here now and he will repairs."
Class III

0165 Risk Mgmt & QA: Adverse Incident Report

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Based on observation, record review, and interview the facility failed to submit a 1 day and 15 days adverse incident report for a resident elopement within the required timeframe.
Findings included:
Further documentation from Department of children ' s and families (DCF) has concerns that the ALF may not be providing adequate enough supervision, being that one of the resident ' s has a pattern of eloping and the staff at the ALF do not have a plan to prevent the victim from eloping again. API is concerned for the Victim ' s safety as he has a mental and considered a adult. As stated during the phone call with Surveyor, he was found with no ID; intoxicated and only had knowledge who he is.
Observation on / at 1:37 PM observed administrator arrive at the facility with Resident ' s #10 and he stated I want to go home.
Record review on showed Resident #10 admitted on , did have color pictured on record, Informed consent to provide assistance with self-administration of medication by unlicensed personal dated ; Progress note dated showed " admitted he never return to ALF after reported to Hialeah police on . Today Coral Gables called ALF, notified us that he was admitted @ hospital, hospitalized he was weak, his legs was swallow, Admitted at Jackson Hospital return to ALF " . Health assessment dated ; diagnoses , , chronic mental , No at elopement risk, independent with ADLs, record have a agreement and annual living support plan on record for review dated . Letter from ALF with Hialeah report dated report # 15 15554 and / and 2015 017226/. Showed that facility did not file a 1 day adverse incident report and a 15 days full adverse incident report to the Agency for Health Care Administration after the resident #10 eloped from the facility. Further record review showed facility staff did not conducted or documented search of the premises and the neighborhood. t. Facility did not have documentation that family was notified. And Facility did not have any writing procedure in resident file to follow if resident elope from the facility one more time.
During an interview on / at 1:37 PM, Administrator stated I went with him (Resident #10) to look for another ALF for him since him like to go out and did not return to the facility. She stated did I file polices report twice on him. The last time that he left Coral Gables Hospital contact me and told me that he need to be discharge from the hospital for billing reason and I did accept him back here. She stated that Police and DCF today told me that I have to look for a placement that resident can be in a secure place. She stated I cannot baby sit him this is an open living house (open door). She stated I went to few ALF that willing to accept him but he does not want to go, she stated he wanted to be here, he wanted to live here. She stated what can I do?
During an interview on / at 3:20 PM, Caregiver C acknowledged that Resident #10 did not have on record one day or 15 days full report on record for review. She stated facility have incident report in residents record we do not have individual record.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Adam Home Inc
158 West 8 Street
Hialeah, FL 33010

RE: CCR #2015006089, 2015006226 & 2015007005

Dear Administrator:

This letter reports the findings of a Complaint Investigation Survey that was conducted on 2, 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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