STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966547	07/31/2015
NAME OF PROVIDER OR SUPPLIER **ADA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **683 NW 122 Place** **MIAMI, FL 33182**	

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

0000 Initial Comments

An Abbreviated Biennial Survey was made on /. Ada ALF Inc. had the following deficiencies at the time of the survey:

0009 Admissions - Admission Package

Based on observation, record review and interview, the facility failed to have a completed contract for two out of seven (Resident #6 and #7) at time of admission.

Findings as follow:

Observation on /_ at 8:20 a.m. found residents #6 (admitted /) and #7 ( ) living in the facility.

Record review found Resident #6 and #7 did not have Contract between them and the facility listing the daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations.

On / at 12:30 a.m. the facility administrator acknowledged the facility had no contract between residents #6 and #7 and the facility. Adding that they gave those documents to the family to be completed but they haven't return it back to facility.

Class III

0052 Medication - Assistance with Self-Admin

Based on record review and interview, the facility failed to follow the correct procedure when assisting two out of seven (Resident #6 and #3) residents with assistance with self administration of medications.

Findings as follow:

On / at 8:30 a.m. Staff D was observed assisting resident #6 with self administration of medication. Resident #6 was sitting at the dining table. The medications were already prefilled into a medication cup. Staff D did not wash their hands or put gloves on. Staff D took the cup of medications and put it on the table in front of resident #6. Staff D told the resident that those were her morning medications. Staff D did not prompt the resident to take their medication and did not record the medication in the Medication Observation Record as the facility did not have one available for the resident.

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At 8:45 it was observed Staff D assisted Resident #3 with self administration of medications. Resident #3 was sitting at the dining table. The medications were already served in a cup in the kitchen. Staff D did not wash her hands or did not put gloves on. Staff D took the cup with medications and put it in front of resident on the dining table. Staff D did not prompt medications to resident. Staff D did not get the MOR and did not mark medications as given in the MOR after administration.

Record review documented the last am medications signed as given for resident #3 on the MOR, was dated .

On / at 8:45 Staff D stated medications were already served by Staff C and added did not sign the MOR because Staff C is the employee that signs it.

On / at 12:50 p.m. the facility administrator acknowledge the findings.

Class III

0054 Medication - Records

Based on observation, record review and interview, the facility failed to have a Medication Observation Record (MOR) for two out of seven (Resident #6 and #7) facility residents who receive assistance with self administration of medications.

Findings as follow:

On / at 8:30 a.m. Staff D was observed assisting Resident #6 with self administration of medications. Staff D did not mark the medication was administered to resident #6 due to there was no a MOR available for this resident.

At 8:45 Staff D did also assisted Resident #7 with assistance with self-administration of medication. The staff member did not sign the MOR after the administration was done. Interview with the staff member stated Staff C was responsible for siging the MOR.

On / at 10:00 a.m., the facility administrator stated the facility had no a Medication Observation Record for resident #6 because resident was admitted to facility, few days ago.

Class III

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0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have a written statement from a health care provider documenting 2 out of 5 (Staff B and C) have a negative examination on a annual basis.

Findings as follow:

Record review revealed Staff B (hired on) last freedom from communicable statement was dated and Staff C (hired on) was dated .

On / , the facility's Administrator acknowledged the facility did not have the required documentation.

Class III

0079 Staffing Standards - Levels

Based on observation, record review and interview, the facility failed to have an staffing schedule that reflected the 24 hour staffing pattern with the employees actually working in facility.

Findings as follow:

On / at 8:20 a.m. there were observed Staff D and Staff E assisting residents with the activities of daily living.

Record review found the staffing schedule available showed the following working hours:
Staff A (administrator) from 7 am to 7 pm (not in facility)
Staff B (manager) from 7 pm to 7 am
Staff C (caretaker) from 7 am to 7 pm (was not in facility)

Record review showed Staff D and E were not on the staffing schedule.

On / at 10:30 am. the facility administrator stated Staff D was not in schedule because was newly hired and Staff E was not a facility employee.

Class III

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0083 Trainina - First Aid and

Based on observation, record review and interview, the facility failed to have at least one Staff present in facility with and First Aid trainings (Staff D and E).

Findings as follow:

On / at 8:30 a.m. there were observed 7 residents in facility.
On / at 8:20 a.m. there were observed Staff D and Staff E assisting residents with the activities of daily living.
Record review showed the facility failed to have documentation of the and First Aid trainings for Staff D and E.
On / at 12:00 noon the facility administrator stated Staff D already passed the and First Aid trainings but had no proof of it available.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview, the facility failed to have 1 out of 5 (Staff C) trained in assisting residents with self administration of medications, continuing education.

Findings as follow:

Record review revealed Staff C, hired on , did ont have documentation of completing the coninuing education in assisting residents with self administration of medications. Further record review found the last medication training documentation, was dated / .

On / at 12:20 p.m. the facility administrator acknowledged Staff C assists residents with self administration of medications and added Staff C last medication training was dated / .

Class III

Z815 Backaround Screenina: Prohibited Offenses

Based on observation, record review and interview the facility failed to have a background screening for 1 out of 5 (Staff E) facility Staff that assists residents with self administration of medications..

Findings as follow:

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On . . . . I/ . . at 8:20 a.m. it was observed Staff E assisting resident #7 out of the bathand into the the dining .

Record review documented the facility had no a background screening for Staff E, who was observed assisting residents with the activities of daily living.

On I/ at 8:50 a.m. Staff E stated that was coming to facility, some days, to assist residents with bath.

On I/ at 9:00 am the administrator was told that Staff E was observed in facility assisting residents and stated " What Staff? I did not know about that." Later, stated, Staff E was no a facility employee

Z827 Unlicensed Activitv

Based on observation, record review and interview the facility failed to expand services to offer care for more than 6 residents (7).

Findings as follow:

On I/ at 8:25 a.m. during facility tour Staff C stated the facility had 7 residents as follow:
. . . . . # I: Residents #2 and #5
. . . . . # : Resident #1 and #4 both observed in bed.
. . . . . # .: Resident #4 observed in the living in a wheel chair.
. . . . . # : Resident #6 that was observed coming out from siting in the dining breakfast.
. . . . . # .: Resident #7 observed coming out from bath assisted by Staff D going and sitting in the dining breakfast.
On . . . . I/ . . at 8:30 a.m. Staff D was observed assisting Resident #3 with self administration of medications.
Interview at 10:50 a.m. Resident #5 stated they have been living in facility for 3 or 4 days.
At 9:00 a.m. Resiident #6 stated they have been living in facility for a short period of time.
Interview on I/ at 09:10 a.m. the facility administrator acknowledge the facility was overcapacity by having 7 residents.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Ada Alf Inc
683 Nw 122 Place
Miami, FL 33182

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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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