STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967722	09/25/2015
NAME OF PROVIDER OR SUPPLIER **ADIUVO, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6410 SW 63 AVENUE** **MIAMI, FL 33143**	

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

0000 Initial Comments

A complaint (CCR# 2015008502) survey was conducted at on . Adiuvo LLC had deficiencies at time of survey.

0077 Staffing Standards - Administrators

Based on interviews and record review, the facility filed to provide documentation that the Administrator and the Facility Manager had completed continuing education for CORE training every two years as required by statute. The facility also failed to provide written documentation that the Administrator, who supervises three Assisted Living Facilities, had appointed a manager.
Findings:
On at 9:15 am -The Facility Manager identified herself and confirmed that she manages the facility.
A review of the AHCA Provider database revealed that the facility Administrator is currently the administrator for two other facilities.
Record review revealed that there is no documentation on site where the Administrator has designated the Facility Manager as such in writing, as required.
On at 10:23 am, the Manager stated regarding the written designation of Facility Manager: "We have to have that? I didn't know. "
Record review reveals that the Administrator's last 12 hour CORE training update was completed on . Record review reveals that the Manager's last 12 hour CORE training update was completed on .
On / at 9:59 am, the Facility Manager stated that the Administrator's trainings are not up to date and this was okay because she is the Manager. She further stated that she and the administrator would be attending their CORE update training within the next couple of weeks.
Class III

0162 Records - Resident

Based on record review and interview, the facility failed to maintain semi-annual weight records for residents receiving assistance with activities of daily living.
Findings:
A review of Resident #1's record revealed that the resident received assistance with activities of daily living and there was no documentation of semi-annual weights having been taken.
On at 9:40 am, The Facility Manager stated that weight records have not been kept on any residents. She stated that she did not know that this was still required, and said that the facility will begin to keep them.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Adiuvo, Llc
6410 Sw 63 Avenue
Miami, FL 33143

RE: CCR #2015008502

Dear Administrator:

This letter reports the findings of a Complaint 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,

Kristal Branton

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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