STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953536	**10/13/2015**
NAME OF PROVIDER OR SUPPLIER **BETTER LIFE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5750 NW 192 STREET MIAMI, FL 33015**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2015. Better Life ALF had the following deficiencies at time of survey.

0007 Admissions - Criteria

Based on observation, interviews, and record review, the facility failed to ensure the appropriateness of continued residency for one of nine sampled residents (Resident #1). The resident required total care and medication administration, services which are beyond the scope of the facility's license to provide and which are being provided by unlicensed staff.

Findings Included:

Observation on at 9:13 AM found Resident #1 laying in bed.

On at 11:41 AM Staff A. stated, " Resident #1 was at another Assisted Living Facility in Broward but they did not have her husband (Resident #2). Resident #1 was on hospice when she moved in. She then went to the hospital because she had a and developed a kidney so the hospice doctor sent her to the hospital. The hospice nurse is caring for her."
Record review found no Resident Health Assessment AHCA Form 1823 for Resident #1 available to review. Resident #1 was admitted to the facility on / / .
Reviewed Resident #1 Service Plan for Assistive Care Services under Assistance with Activities of Daily Living Ambulation is listed as Wheelchair, Bathing listed as Provide total help, Dressing listed as Provide total help, Toileting is listed as , , bowel, adult brief. Eating is listed as Provide total help, listed as Provide total help, Transferring is listed as Provide total help. There are no resident progress notes in the file. Reviewed, After Visit Summary report from Hospital, dated , admission and discharge .
Reviewed Vitas Health Care Patient Care Sheet, Admit date , Diagnosis G31.83 with bodies, date of diagnosis . Comprehensive Assessment dated / , Skin sacral III, (L) (12) hip II, , left hip .
Reviewed Hospital Medicine History and Physical Note, dated / , and discharged / severe secondary to with . Daughter reports a of 101 at home, admitted to intermediate care unit.
Reviewed Interdisciplinary Plan of care dated / from Hospice
Reviewed Revocation of Medicare Hospice Benefit dated / , reason for revocation, moving to Miami-Dade.
On at 11:41 AM Staff A. stated, I did not know I was not supposed to accept a resident already

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in hospice here at the Facility. "
Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview, the assisted living facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern.

The findings included:

On / / at 9:05 AM upon arrival at the ALF observed a total of eight residents in the facility, Staff B. was the only staff present at the facility at the time of arrival. She was interacting with facility residents and providing assistance with activities of daily living for a census eight residents. I asked her if she was alone in the facility and she stated, "I am here by myself." She then called the Administrator who arrived at 9:08 AM.
On / / at 9:08 AM Staff A. stated, "I just left the ALF, I live next door and I was here earlier, helping with the morning routine, medications and breakfast, I just went next door to take a shower and change."
Class III

0083 Training - First Aid and

Based on record review and interview the facility's personnel records did not include properly documented evidence of First Aid and training for one out of three sampled (Staff C).

The findings included:

Facility's record review on / / revealed Sampled Staff C. (hire date / /) documentation of First Aid and training had expired on .

On / at 12:49 PM Staff A. reviewed finding and stated, " I will schedule the updates. "

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on personnel record review and staff interview the facility failed to ensure that all hired staff had received an annual 2 hours of continuing education training on providing assistance with self-administered medication and safe medication practices for three out of three (Staff A, B and C)

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

sampled employees.

The findings included:

Personnel record review on / revealed that there was no documentation of an annual two hours of continuing education training on providing assistance with self-administered medication and safe medication practices for Staff A. (hire date), Staff B. (hire date) and Staff C. (hire date / /).

On / / at 12:49 PM administrator reviewed finding and stated, " I will schedule the updates. "

Class III

Z827 Unlicensed Activitv

Based on observation, record review, and interview, the facility exceeded its operating license by providing assisted living services to a total of seven residents while being duly licensed for 6 residents.

Findings included:
On / at 9:05 AM upon arrival at the ALF observed a total of eight (8) residents in the facility, Staff A. identified Resident #7 and Resident #8 as daycare residents. Review of Florida Health Finder on / revealed Better Life Corp. Assisted Living Facility under Service/Characteristics: Adult Daycare Services: No.
On / at 9:13 AM commenced tour, # , two beds, residents, #1 (hospice) and #2 (in TV), Staff A. identified resident #1 as a hospice resident, # two beds, residents #3 (in bed) and #4 (in living) and # two beds, residents #4 (in TV) and #6 (in living). Staff A. identified #7 and #8 as daycare residents.
On at 9:24 PM called Resident #7 's daughter and she stated, " I've been taking him to the home for about two years, he used to go to a regular daycare center, he has and needs his sugar check and they were unable to provide the service, here the nurse comes and checks him in the morning and in the afternoon and gives him his . Sometimes he stays overnight if we need to go out somewhere, he is safe there, he is well fed and they care for him, he has never , he is like family there and he loves them and enjoys being there. "

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Better Life Alf
5750 Nw 192 Street
Miami, FL 33015

Dear Administrator:

This letter reports the findings of a Standard Biennial Survey that was conducted on 13, 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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