STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	12/21/2015
NAME OF PROVIDER OR SUPPLIER **EMANUEL RESIDENCE ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **343 W 44 STREET** **HIALEAH, FL 33012**	

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

0000 Initial Comments

A complaint (CCR #2015012273) survey was conducted on , 2015. Emmanuel Residence ACLF with Limited Mental Health component had the following deficiencies identified at time of the survey:

0008 Admissions - Health Assessment

Based on interview and record review the facility failed to ensure that one of six sampled residents (Residents # 4) had an accurate and completed health assessment.

Findings included:

Record review found Resident #4's health assessment (Form 1823) documented the following diagnoses: , Declare and Unsteady Gait.
Resident #4's assessment did not documented that he had a history of and did not indicate if the resident needed assistance with self-administration of medications.

Record review of Resident #4's medications observation record revealed the following information:

, generic name is , , Ex SOD 500 mg / 2 days: ,
affects chemicals in the body that may be involved in causing
is used to treat various types of , is sometimes
used together with other medications. is also used to treat episodes
related to , ( ), and to prevent .

Used of drugs information obtain from www.drugs.com

Record review on / revealed Resident #4 ' s hospital discharge summary information:
Admitting diagnosis:
Discharge Diagnosis: Status Post

Interview on / at 1:46 pm Resident #4's family member stated, " Resident #4 was at CCU on a due to multiple .

Class III

0052 Medication - Assistance with Self-Admin

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on observation and interview the facility failed the follow the step with assistance with self-administration of medication for one out of six (#2) sampled residents.

Findings included:

Observation on / at 2:00 pm revealed Staff C took Resident #2's medication (AC 1% eye drop). Staff C approached Resident #2 poured the drop into his right eye then the left eye. Staff C did not review the medication observation to verify the medication and she did not explain the medication to Resident #2.

Interview on / at 2:10 pm Staff B acknowledged that Staff C did not follow the steps to assist with self-administration of medication to Resident #2.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a separate manager for each facility.

Findings included:

Record review on / revealed Staff A (Administrator) supervised two facilities. Record review also revealed Staff B (Manager) supervised two facilities as Administrator. The facility failed to appoint a separate Manager that was not the Administrator at other facilities.
Interview on / at 8:00 am Staff B stated, " I am Manager of this facility. "

Class III

0083 Training - First Aid and

Based on observation, record review, and interview the facility failed to ensure at least one staff member had training at all times.

Findings included:

Observations on / at 8:00 am revealed Staff B was in the facility working in the office, and Staff C was assisting Resident #1, cleaning and cooking.

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SUMMARY STATEMENT OF DEFICIENCIES
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Record review on / revealed Staff B and C did not have proof of training.

Interview on / at 2:30 pm Staff B stated, " We have the training updated, but I do not have documentation in the facility, it has to be in the other facility. "

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for one out of three (C) sampled staff.

Findings included:

Observation on / revealed Staff B assisted Resident #3 with self-administration of medication.

Record review on / revealed Staff C had documentation of a minimum of 2 hours of continue education training (dated) on providing assistance with self-administration of medications in file a time of survey. The facility did not have the updated training for Staff C.

Interview on / at 1:00 pm Staff C stated that she assisted with self-administration of medication every day.

Class III

0167 Resident Contracts

Based on record review and interview the facility failed to have a monthly rate specified on the contract for one out six (#2) Residents sampled.

Findings included:

The Admission/Discharge log stated, "Resident #2 admitted on ." Record review on revealed Resident #2's contract did not have a monthly rate specified at time of survey.

Interview on / at 12:30 pm the Administrator acknowledged that Resident #2's contract did not have the monthly rate at time of survey.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Emanuel Residence Aclf
343 W 44 Street
Hialeah, FL 33012
RE: CCR #2015012273

Dear Administrator:

This letter reports the findings of a complaint 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 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 , 2016.** 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

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