STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910896	02/08/2016
NAME OF PROVIDER OR SUPPLIER **ADAM F/F INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **34 W 14TH STREET** **HIALEAH, FL 33010**	

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

0000 Initial Comments

A change of ownership survey was conducted on , 2016. Adam F/F Inc had the following deficiencies at time of the survey:

0052 Medication - Assistance with Self-Admin

Based on observation and interview the facility failed to ensure that staff members prompted the residents and explained which medications they were taking when assisting with self-administration of medications for three out of fifteen sampled residents (#s 8, 9, 10).

Findings included:
Medication pass observations on at 12:00 pm found Staff C was assisting Residents #s 8, 9 and 10 with self administration of medications. Staff C had the medication observation record sheets in her hands. Staff C approached Resident #8; she took the medication's bingo card, and Staff C pressed the card on the resident palm. Resident #8 place the pill inside his mouth, drank water, and swallowed the pill. Staff did not tell the resident which medications he was taking or explained the process to the resident. Staff C continued passing medications to others residents (#s 9 and 10), and she follow the same procedure.
Interview on at 12:30 pm Staff B acknowledged that Staff C did not provide any information to residents (#s 8, 9 and 10), and Staff B also stated, " Staff C was nervous."
Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview the facility failed to have evidence of the 4 hours initial training providing assistance with self-administered medications and safe medication practices for four out of six (A, C, E and F) sampled staff.

Findings included:

Observation on / at 12:00 pm revealed Staff C assisted residents with self-administration of medications.

Interview on / at 12:30 pm Staff B stated that Staff C assisted with self-administration of medications every day.

Record review on revealed Staff A, Staff C, Staff E, and Staff F did not have the 4 hours initial

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training on providing assistance with self-administration of medications in file a time of survey.

During an interview on at 2:40 pm with Staff A and B acknowledged that Staff A, C, E and F did not have documentation of the 4 hours initial training on providing assistance with self-administration of medications in file at time of survey.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a safe living environment and an environment free of hazards.

Findings included:

During the facility tour on at 9:50 am revealed the left side of the backyard area an electrical power post , and the facility's electrical box connection on the right side. There was no door or fence to prevent residents from walking to that area.

Also, there were two mattresses, a shopping card, and around 10 tiles at the rear side of the facility.

Interview on at 2:50 p.m. revealed that the facility Owner and Staff A stated, " We are repairing the facility, and we are on the process to finish, we are going to put a fence next to the electrical post and a door next to the facility electrical box "

Class III

Z813 Results of Screening & Notification in File

Based on record review and interview facility failed to have a background screening results in one out six sampled staff's (A) record.

Findings included:

Record review on revealed that Staff A did not have background screening evidence on file at time of the survey.

The background screening database revealed Staff A had an eligible background screening however, it

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was not in her file.

Interview on at 2:40 pm Staff A revealed, "I have my background screening update, but I cannot explain why the documentation is not in my file."

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Adam F/f Inc
34 W 14th Street
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a change of ownership licensure survey that was conducted on , 2016 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com