STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966654	02/24/2016
NAME OF PROVIDER OR SUPPLIER **AMERICAN LIFE ADULT CARE CENTER INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8849 NW 169 TERRACE** **MIAMI LAKES, FL 33018**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted at on , 2016. American Life Adult Care with Limited Mental Health components had the following deficiencies identified at time of the survey:

0025 Resident Care - Supervision

Based on record review and interview the facility failed to maintain a written record, updated as needed, of any significant changes, any illnesses for one out of three residents (#1).

Findings included:

A review of Resident #1 ' s health assessment dated revealed that the resident's weight was 113 pounds.

A review of Resident #1 ' s weight log revealed that the resident weighed 97 pounds on .

Record review on revealed that Resident #1 ' s diagnosis was, " ( ), (ASHD), High ( ), and .

In an interview on , the facility ' s Administrator stated, " Resident #1 ' s doctor took some labs and everything is okay. "

Interview on to Resident #1 ' s family member stated, "she always had the problem of losing weight, however, I also noticed the last time I visited her, but the Administrator told me that the doctor send her to do labs and everything was okay."

Record review on to Resident #1's progress notes, and there was no information regarding doctor's visit, lab test results and /or resident #1 ' s weight loss problems. "

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview the facility failed to provide proper assistance with self-administration of medication for 3 out of 3 (#s 1-3) sampled residents.

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Findings included:

Observation on at 1:06 p.m. showed that Staff E took a disposable cup and a plastic container with the medications (bingo cards) belonged to resident #3. Staff E poured all the pills (, 600 mg, Ropinrole 0.5 mg and) in the cup and stated, " These are your medications, drink them."
On at 1:06 p.m.Resident #3 stated, " I will not drink them like that; I want that you mash them as you always do it." Resident #3 further called Staff E by name and stated, "please mash the medications as usual and put it inside of apple sauce! "
Further observation on at 1:08 p.m. showed Staff C walk away to the kitchen and Staff B continue the administration of medication by grabbing a spoon and pouring the pills in to it, with apple sauce. Medication was not explained and/or resident was not identified.
Interview on at 1:12 p.m. to Resident #3 stated, " I always had my medications mashed, I do not know how they mash them, but they do it and pour them on apple sauce. "
Class III

0077 Staffing Standards - Administrators

Based on record review and interview the Administrator failed to have his high school diploma or G.E.D.

Finding included:

Review on to AHCA ' s FAcility Provider Locator database reflected that Staff A was the facility ' s Administrator.

Record review on revealed Administrator (hired /) did not have a high school diploma or equivalent G.E.D in the facility at the time of the survey.

Interview on at 1:00 pm revealed that Staff B acknowledged that Staff A did not have her high school diploma in the facility at the time of survey.

Class III

0079 Staffing Standards - Levels

Based on observation, record review and interview the facility failed to have an updated work schedule and follow the schedule.

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Findings included:

Observation on from 10:00 am - 2:00 pm showed Staff E working in the office, and assisting Residents 1, 2 and 3 and Daycare Participants 4 and 5.

Record review on revealed staffing pattern posted on the board did not have Staff E reflected as working in the facility.

On at 12:30 pm, Staff B stated, " Staff E does not work in the facility; however, she is covering Staff D who had an emergency today. "

Interview on between 1:12 pm and 1:25 pm revealed that Residents 2 and 3 stated, " Staff E is good staff, she also works here. "

Class III

0082 Training -

Based on staff record review and interview the facility failed to ensure that one out of five (Staff D) sampled Staff completed a course on and .

Findings included:

Record review on revealed Staff (Staff D) did not have evidence of having completed training at the facility at time of survey.

Interview on at 1:55 a.m. revealed Staff B stated, " Staff D needs the training in her file. "

Class III

0162 Records - Resident

Based on record review and interview the facility failed to have one out of three sampled residents ' (# 2) proof of a power of attorney (POA), guardian, or surrogate documentation.

Findings included:

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Record review on revealed Resident #2 ' s contract with the facility was signed by his family member on .

Record review on revealed that Resident #2's family member signed all of the admission documents in her file without having a POA, guardianship, or surrogate documentation.

on at 1 :00 pm, Staff A confirmed that Resident #2's family member had signed off on documents in Residents #2's chart without having the legal documentation of authority to reporesent the resident in the file.

Class III

0167 Resident Contracts

Based on record review and interview the facility failed to have an executed contract with one out of three (#3) sampled residents.

Findings included:

Observation on at 10:00 am revealed Resident #3 lived in #.

Record review on revealed Residents #3 had a contract in his chart; however, it did not have the monthly rate reflected on it, and it was signed for Resident #3.

Interview on at 1:30 pm revealed Administrator confirmed that Residents#1 did not have the monthly rate in the contract.

Class III

Z813 Results of Screening & Notification in File

Based on observation, record review and interview, the facility failed to provide updated documentation of an Eligible Level II Background Screening for one of four staff (Staff D).

Findings included:

Observation on revealed that Staff D's name was on the staff work schedule displayed on a

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bulletin board at the time of survey.

Record review revealed Staff D did not have documentation of an Eligible Level II Background Screening in the personnel file at the time of survey.

Interviews on from 1:12 - 1:25 pm of Residents (2 and 3) revealed that Staff D worked in the facility regularly.

Interview on at 1:30 pm revealed Staff B acknowledged that Staff D did not have her Background Screening. Staff D also stated, " She had her background screening, but it is not here right now."

Unclassified

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to register all the staff criminal history through the clearinghouse.

Findings included:

Review on to AHCA ' s background screening website revealed Facility ' s staffs (A, B, C and D) were not included in the facility rooster.

Interview on at 1:50 p.m. revealed Staff B stated that she did not know thethe Staffs (A, B, C and D) were not identified in the clearinghouse electronically.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
American Life Adult Care Center Inc
8849 Nw 169 Terrace
Miami Lakes, FL 33018

Dear Administrator:

This letter reports the findings of a state 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 Sonia Bailey, Health Facility Evalutator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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