STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967137	02/18/2016
NAME OF PROVIDER OR SUPPLIER **A-1 ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9410 SW 52 TERRACE** **MIAMI, FL 33165**	

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

0000 Initial Comments

An Standard Biennial Survey was conducted on at A-1 Assisted Living Facility LLC have the following deficiencies found at the time of the survey:

0052 Medication - Assistance with Self-Admin

Based on observation and interview facility's staff did not follow appropriate procedure when assisted 3 out of 7 (#1, #3 and #6) sampled residents with self-administration of medications.
Findings included:
Observation on / / at 1:39 PM revealed that staff C assisted Resident #1 with self-administration of medication as described:
Staff C unlocked the medication cart, washed her hands and wore gloves. Staff C then reviewed the Medication Observation Record (MOR). Staff C took the medication card and punched the medication out and into a cup at the dinner table. Staff C walked to Resident #1 and gave the cup. Resident #1 asked "what is that?" Staff C stated "your medication". Staff C did not provide Resident #1 with the names of the medications.
Assisted Resident #6 with self-administration of medication at 1:41 PM by Staff C change her glove. Staff C reviews MOR. Staff took the medication card and punched the medication out and into a cup at the dining table. Staff C gave the cup to Resident #6 , who asked "what is this?" Staff C r stated your medication. Staff C did not provide Resident #1 with the medication names.
Staff C then assisted Resident #3 with self-administration of medications. At 1:44 PM Staff C changed her gloves, then reviewed MOR, took the medication card and punched the pills onto a cup on the dining table. Staff C then put the medication cup on top of the nightstand table in Resident #3 's . Staff #C did not identify Resident #3 's medications.
On / during the exit interview, the facility Owner acknowledged that Staff C did not follow the correct procedures with self-administration of medications.
Class III

0054 Medication - Records

Based on observation, record review and interview, the facility failed to maintain a daily Medication Observation Record (MOR) for each resident who receives assistance with self-administration of medications or medication administration.
Findings included:
Observation on at 1:39 PM revealed that staff C assisted with self-administration of medication to Resident #1.
Record review showed that Staff C did not initial the MOR for medication 200 mg given

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to Resident #1.
Record review showed that Staff C did not initial the MOR for Resident # 5 ' s , 81 MG.
During an interview on at 1:56 PM facility Owner reviewed the MORs and medication cards.
She stated to Staff #C "You did forget to initial the MOR for both medications.

Class III

Z828 Administrative Fines: Violations

Based on observations, record review and interviews, the facility exceeded its licensed capacity of six beds. The facility had a census of seven residents that were receiving housing, meals, and assistance with activities of daily living (ADL ' s).
Findings included:
On / / at 8:34 AM during the facility tour, observed Resident #7 seated on her bed. Resident #7 stated her name and said "this is my bed".
During an interview on at 9:05 AM, Resident #7 stated "I live here. I have breakfast, lunch and dinner here. I have my medication here. I have two sons and both are truck driver sand go out of stated. My sons call me here over the phone. I like it here, I do not have any complaint."
On at 9:21 AM, Resident #3 stated "I like my Resident #7 ' s is my . She sleeps in the other bed. She is a nice person. I like her."
During an interview on at 11:11 AM, Staff C stated "I don't know if Resident #7 ' is a resident. Please asked the facility owner or administrator."
Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
A-1 Assisted Living Facility Llc
9410 Sw 52 Terrace
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a biennial 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 Evaluator at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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