STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966253	03/10/2016
NAME OF PROVIDER OR SUPPLIER **A+ SENIOR HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **41 SW 68 AVENUE** **MIAMI, FL 33144**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on . A+ Senior Home Inc with Limited Mental Health component had deficiencies found at time of the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the Assisted Living Facility failed to have an accurate health assessment that reflected what kind of assistance is needed for taking medications for one (#1) out of 4 sampled residents.

Findings included:

Review of Resident #1's file revealed that Resident #1 needed assistance with self-administration of medications and needed medication administration.

In an interview on / at 10:20 AM the Administrator revealed that Resident #1 received assistance with self-administration of medication; health assessment was completed at the hospital.

Class III

0079 Staffing Standards - Levels

Based on observation, record review and interview, the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period that reflected direct care staff available for that resident's care.

Findings included:

Observation on at 9:40 AM revealed that Caregiver B was the only caregiver presented at the facility.
Observation on at 10:10 AM Administrator/ Caregiver A arrived.

Record review of facility monthly (2016) written work schedule reflected that Caregiver A must work from 7 PM to 7 AM Caregiver B must work from 7 AM to 7 PM, Caregiver C must work from 10 AM to 6 PM.

In an interview on at 10:28 AM the Administrator/ Caregiver A revealed that Caregiver C was

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not working due to she was on vacation and scheduled has not been updated.

Class III

0080 Training - Core & Competency Test

Based on record review and interview, the facility administrator failed to participate in 12 hours of continuing education in the last 2 years.

Findings include:

Record review for the facility administrator, had no documentation of 12 hours of continuing education in the last 2 years.

Interview conducted on / at 1:00 PM, Staff A, administrator stated that she participate in 12 hours of continuing education in the last 2 years but she was unable to provide the documentation at the time of the survey.

Class III

0160 Records - Facility

Based on record review and interview, the Assisted Living Facility failed to have the annual emergency management plan approval.

Findings included:

Review of facility's file revealed that last Comprehensive Emergency Management Plan approval was on .

In an interview on / at 12:10 PM the Administrator revealed that Emergency Plan was send on 2016 and facility has not received the approval letter yet.

Class III

0162 Records - Resident

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NAME OF PROVIDER OR SUPPLIER **A+ SENIOR HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **41 SW 68 AVENUE** **MIAMI, FL 33144**	

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

Based on record review and interview, the Assisted Living Facility failed to have a resident's contract that included the monthly rate in file for one (#1) out of 4 sampled residents.

Findings included:

Record review of Resident #1's file revealed that Resident #1's contract was signed on 16 and it did not include the monthly rate.

In an interview on at 10:20 AM the Administrator revealed that she did not know why rate was not in the contract, Resident #1 just received the check.

Class III

L243 LMH - Training

Based on record review and interview, the facility failed to maintain documentation of having completed at least 3 hours training of Limited Mental Health continuing education.

The findings include:

Record review for Staff A, administrator had no documentation of a minimum of having completed at least 3 hours training of Limited Mental Health continuing education. Staff B, caregiver last training was dated

During an interview on at 2:15 PM, Staff A, administrator stated that she had not taken a minimum of 3 hours training of Limited Mental Health continuing education.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
A+ Senior Home Inc
41 Sw 68 Avenue
Miami, FL 33144

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 Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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