STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966075	05/24/2016
NAME OF PROVIDER OR SUPPLIER **NONNA GLORIA, ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12748 NW 98 COURT** **HIALEAH, FL 33018**	

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

0000 Initial Comments

A Change of Ownership Survey was conducted on , 2016. Nonna Gloria ALF, Inc.(license #10339) with Limited Mental Health component had the following deficiencies identified at time of the survey:

0010 Admissions - Continued Residency

Based on observation, interview, and record review the facility failed to have updated health assessments (1823 form) after significant changes in activities of daily living (ADLs) for two of six (1 and 2) sampled residents.

Findings included:
Observations during tour on at 9:20 am found Residents #s 1 and 2 lying on their beds in #.
Interview on at 9:30 am with a registered nurse (RN) from hospice stated, "Resident #2 is stable, total care and eating well. She is under pure and thickener. The RN stated, "regarding Resident #1, she is also total care; she recently started on hospice the last Thursday." On at 10:06 AM the RN also stated, "hospice do not provide the medications; the family is providing the medications for Residents 1 and 2."
Observations on at 11:30 am found Staff A and B fed Residents #s 1 and 2 in bed in # , residents served a puree diet.
Interview on at 11:33 am Resident #1's family member stated, "we visit my mother every day; she is under hospice care, and they do not provide medications for her. Between my sister, daughter, and me provide the medication for mom. She cannot take it herself. "
Record review revealed Resident #1's 1823 form stated needs assistance with ADLs, regular diet and self-administration of medication not administration. Also, Resident #1's 1823 form did not reflect hospice care pure diet order. Record review revealed Resident #2's 1823 form stated needs assistance with self-administration of medication not administration. The facility failed to have updated health assessments for Residents #s 1 and 2.
Interview on at 12:35 pm Staff A stated, "Resident #1 just start hospice."
Class III

0054 Medication - Records

Based on record review and interview the facility failed to sign the Medication Observation Records (MORs) during assistance with self-administration medications for one of six residents (#4) sampled immediately after each time the medications were given. The facility failed to ensure that staff members

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signed the MOR only when residents were assisted by staff for one of six (#1) residents sampled.

Findings included:

Record review showed Residents #1 and #4's MOR reflected the same initials from / -

Interview on at 11:33 am Resident #1's family member stated, "we visit my mother every day; she is under hospice care, and they do not provide medications for her. Between my sister, daughter and me provide the medication for mom. She cannot take it herself."

Record review showed Resident #4's MOR was not signed for Iprat -Albut 0.5 mg (4 times a day);it was not signed until at 8:00 am. However, from (12:00 pm/4:00 pm/ 8:00 pm) through were not signed as given by staff. There was no information and/or indication explaining why Resident #4 did not have her medication on those days.

Interview on at 12:17 pm Staff B stated, "the family provides the medications to hospice residents. They come two times a day; they live close to the facility. I am so that I forgot to sign the MOR this morning

Class III

0152 Physical Plant - Safe Living Environ/Other

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

Findings included:

The facility tour on at 9:22 am revealed the backyard had a hospital bed frame against a dining table and two mattresses between the dining table and the facility wall one on top of the other. There was another hospital bed frame against the facility wall at the east rear side of the facility wall.

Observation on at 9:28 am revealed that there was a portable commode in # where Residents #4 and #6 shared a .

Interview on at 12:10 pm Staff C revealed, "the commode in the # belongs to Resident #4. She uses it in the night."

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Interview on at 12:17 pm Staff B revealed, "the portable commode belongs to Resident #4, she has been using it since she moved here, she brought it with her, she calls at midnight and we assist her. Yes, she has been using it with Resident #6 in the .

Interview on at 1:00 PM revealed Administrator stated, " I will provide privacy for the portable commodore, and I will take the mattress out of the backyard."

Class III

Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed to have signed attestations in staff' files.

Findings included:

Record review on revealed staff has their backgrounds screening in file, but the signed attestations were missing.

During an interview on at 12:30 pm the Administrator stated, "I did not know that I have to keep the attestations with the staffs' background screening." The Administrator acknowledged that the facility did not have the attestations.

Unclassified Deficiency

Z814 Background Screening Clearinghouse

Based on record review and interview the facility failed to register with the clearinghouse (background screening website) and maintain the employment status for one of four (Staff D) of the facility employees.

Findings included:

Record review on found the facility's schedule had Staff D listed. However, Staff D was not reflected on the facility's employee roster in the background screening website. Staff D was hired on , last screening dated .

Interview on at 12:40 p.m. the Administrator stated, "I have all my employees register."

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Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Nonna Gloria, Alf Inc
12748 Nw 98 Court
Hialeah, FL 33018

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

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