STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967330	06/01/2016
NAME OF PROVIDER OR SUPPLIER **MERCY & MICHAEL ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3000-3002 SW 23 TERRACE** **MIAMI, FL 33145**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016. Mercy & Michael ALF, Inc, License #11389, with Limited Mental Health component had the following deficiencies identified at time of the survey:

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to have a completed health assessment within 30 days following the admission to the facility for two out of ten (#3 & 6) sampled residents.

Findings included:

Record review on / revealed Residents #3 & #6 did not have completed health assessments (form 1823). Residents #3 & 6 were admitted on .

Interview on / at 4:30 PM Staff C stated, "The family did not get a chance to do it."

Class III

0026 Resident Care - Social & Leisure Activities

Based on observation, record review, and interview the facility failed to offer and provide social, recreational or educational, and other activities to the residents. The facility also failed to have an updated activities calendar.

Findings included:

On / from 9:30 AM to 4:30 PM observed residents sitting watching television. Staff did not offer or conduct any activities with the residents.

Reviewed the bulletin board where the facility's documents were posted, the activities scheduled posted was not current, activities schedule posted was for the month of .

On / at 9:56 AM confidential interview with resident "I have not participated in any activities, no activities have ever been done."

On / at 1:44 AM confidential interview with resident "There are no activities done here."

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Staff interview on / at 3:58 PM, " No, we never have activities. "

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observations and interviews the facility failed to honor the rights of two out of ten (#8, & 9) sampled residents. The facility also failed to ensure that residents were not force to sleep at certain times and that staff did not speak rough to residents.

Findings included:

During tour on / at 9:40 AM of # Staff B entered the knocking and the Resident #9 was startled and found lying in bed undress.

Tour conducted on / of # contained two beds where Resident #8 sleeps. Staff B stated at 10:02 AM "I sleep here at night with her, because she is afraid to sleep by herself."
Confidential interviews on / from 1:44 PM to 2:12 PM revealed staff spoke rough with residents and that residents are force to go to sleep early.
Class III

0053 Medication - Administration

Based on observation and interview facility failed to ensure that only licensed personnel administered medications to one out of ten sampled residents (#2).

Findings included:

Observations on / at 1:00 PM found Staff A did not review medication book for Resident #2's afternoon medication. Staff A went to cabinet and unlocked it, removed the pack for Resident #2. Walk over to the resident and placed the tablet in Resident #2's mouth. The medication book was already signed when reviewed at 9:30 AM for Resident #2's 1:00 PM medication.

Interview on / at 4:15 PM Staff C acknowledged that Staff A should not have put tablet in resident's mouth.

Class III

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0054 Medication - Records

Based on record review and interview the facility failed to maintain a daily medication observation record (MOR) for each three out of ten (#1, 2, & 3) sampled residents who received assistance with self-administration of medications.

Findings included:

Observations on / found Resident #1's medications 500 mg tab, 1 mg tab, 10,000 mcg, & 600 mg + D were found in the medication cabinet.

Record review found the facility did not have MORs available for review for this resident's medications (listed above).

Record review on / at 9:30 AM found Resident #2's medication sheet for 1 mg tab 12 PM for / was initialed by Staff A (whom arrived at the facility on / at 10:18 AM).

Record review on / found Resident #3's medication sheet for 30 mg was not documented as given and there is no time written on the medication sheet. This medication was not given to Resident #3 on / according to the med sheet and pack.

On / Staff C after review of files, Staff C acknowledged the medication sheets were not complete correctly.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to ensure that centrally stored medications were kept locked at all times.

Findings included:

During the facility tour on / at 9:35 AM found the kitchen area had a small refrigerator with medications unlocked. The refrigerator contained 100 units, Lantus 100 units for Resident #4; Lantus 100 units & 100 units for Resident #5; and 100 unit for Resident #10. The refrigerator also contained a bottle of Milk of Magnesia & Relief liquid with no labels identifying who it belongs too.

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Interview on / at 10:20 AM Staff C stated the relief is hers and acknowledged findings when it was pointed out to her during tour.

Class III

0057 Medication - Over The Counter (OTC) Products

Based on observation and interview the facility failed to properly label over the counter (OTC) medications.

Findings included:

During the facility tour on / at 9:35 AM found the kitchen area had a small refrigerator with medications unlocked. In the refrigerator door contained unlabeled OTC bottle of Milk of Magnesia & Relief liquid.

Interview on / at 10:20 AM Staff C stated the relief is hers and acknowledged findings when it was pointed out to her during tour.

Class III

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0081 Training - Staff In-Service

Based on record review and interview the facility did not ensure that 1 out of 4 sampled staff (Staff D) had received in-service training in elopement response policies and procedures within 30 days of employment.

Findings included:

On / record review of Staff D's employee file did not have documentation that the staff received in-service training in elopement response policies and procedures. Staff D was hired on 8

On / at 4:15 PM interview conducted with the facility's Administrator acknowledged, Staff D had not received in-service training in elopement response policies and procedures.

Class III

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0093 Food Service - Dietary Standards

Based on observations, record review, and interview the facility failed to encourage residents to participate in menu planning and to ensure there is a doctor's for puree meals for two out of ten (#3 and #6) sample residents.

Findings included:

Observations on / at 12:15 PM showed Staff B in the kitchen using the blender to puree meal. The meal was then place in a plate and served to Residents 3 and 6. Residents #3 and 6 sitting together at the dining table where then given a plate of puree food.

Record review of Residents #3 and 6's records found no documentation in their files proving they require a puree diet. Their contained no doctor's orders and no health assessment to determine what type of diet they required.

Confidential interviews on / revealed the food was bland and the the food was not good, it could improve.

Class III

0127 Fiscal - Liability Insurance

Based on interview and record review the facility failed to maintain a current liability insurance coverage.

Findings included:

On / reviewed the bulletin board where the facility's documents were posted, liability insurance posted expired on /

On / at 4:11 PM, interview with the Administrator acknowledge she did not have current liability insurance coverage.

Class III

0160 Records - Facility

Based on record review and interview the facility failed to have an up-to-date admission and discharge

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log listing the names of all residents.

Findings included:

On / at 9:45 AM record review of facility's admission and discharge log found six resident listed on the log. Resident #1, 3, 5, & 6 was not listed on the admission and discharge log.

Interview on / at 4:30 PM Staff C confirmed findings after reviewing the log.

Class III

Z813 Results of Screening & Notification in File

Based on interview and record review the facility failed to maintain documentation of the most recent background screening results in the facility's staff files for one out of four sampled staff (Staff A, the Administrator).

Findings included:

On / record review of Staff A's employee file revealed the last background screening results dated .

On / a review of the background screening database revealed, an eligible background screening for Staff A (the Administrator) dated / . The facility did not have the most updated screening results available to review.

On / at 4:15 PM the Administrator acknowledged she did not have current background screening results in her employee file.

Unclassified

Z814 Background Screening Clearinghouse

Based on interview and record review the facility failed to maintain an updated employee roster within the background screening's clearinghouse.

Findings included:

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Reviewed the background screening's clearinghouse employee roster database and found the facility had no employees listed.

On / at 4:15 pm the Administrator stated she had a consultant that did the employee roster. Internet search on / found no employee roster was completed.

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on observation, interview, and record review the facility failed to have an eligible Level II background screening for two out of four sampled staff providing care and services to residents, (staff B, D).

Findings included:

On / at 9:30 am, Staff B and D were observed assisting residents.

Record review of Staff B's file revealed background screening result stated "Awaiting Privacy Policy."

Reviewed the background screening database, it revealed Staff D's results stated "Screening in Process."

On / the Administrator and Staff C, both acknowledged, the facility did not have current background screening for Staff B and Staff D.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Mercy & Michael Alf, Inc
3000-3002 Sw 23 Terrace
Miami, FL 33145

Dear Administrator:

This letter reports the findings of a Standard Biennial 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

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