STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968641	06/30/2016
NAME OF PROVIDER OR SUPPLIER **NEW AGE ADULTCARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1105 W 2ND AVENUE** **HIALEAH, FL 33010**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted at New Age Adult Care Inc with Limited Mental Health component in conjunction with a complaint survey on and concluded on . At the time of the survey deficiencies were identified.

0025 Resident Care - Supervision

Based on record review and interview the facility failed to have written documentation for 2 out of 15 (#3 and #4) sampled residents who were in an altercation.

Findings included:

Record review on of Resident #3 revealed the progress notes in his file contained no documentation of his altercation with R#4 or of Resident #3 being by the police and taken to jail.

Interview conducted on at 1:30 Resident #4, "this guy started hitting the office, when I tried to take it away and I got hit with the pipe. This happen at night. It was in the smaller office. There was two nurses there and they called the police."

Record review on Resident #4 file contained his health assessment dated . The progress does not mention the incident between himself and Resident #3.

Interview on at 2:45 PM with the Administrator stated, "Resident #3 hit Resident #4 with a stick and the staff called the police and he was ."

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have 1 out of 12 (C) sampled employees' a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days of empowerment. The facility also failed to have 3 out of 12 (A, B, and L) sampled employees' evidence of a negative ( ) examinations documented on an annual basis

Findings included:

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Record review revealed Employee C started on . The facility did not have Employee C's written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days of empowerment.

Record review found Employee A's last examination was dated , Employee B's last examination was dated , and Employee L's last examination was dated . The facility did not have the employees negative examinations documented on an annual basis

Interviewed the Administrator on at 1:00 PM, the Administrator stated he did not realize the physical examination and results were not completed by the doctor.

Class III

0081 Training - Staff In-Service

Based on record review and interview the facility failed to have 1 out of 12 (H) sampled employees trained in safe food handling.

Findings included:

Record review found Employee H (Caretaker) started on - . Review of Employee H's file revealed that there were no training certifications in the file for safe food handling.

Interviewed the Administrator on at 1:00 PM, confirmed the findings in regards to Employee H not having the training in safe food handling.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observations and interview the facility failed to provide a clean and safe living environment for resident living at the facility.

Findings included:

Observations before entering of the facility on at 9:15 AM found the outside gate of the facility had a pile of worn and broken furniture.

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Entered the facility on at 9:30 AM, the following were observed:
-the tour of the first floor, observed in # a metal bed frame (hospital bed) found in the the wall at the entrance.
-In the Resident floor, observed a hole in one of the floor tiles in the shower area.
-Observation in the laundry the first floor, observed the hot water tanks surrounding base was rusted.
-In the first floor dining observed in the ceiling lights covers small black substances.
Observed near the kitchen area next to # ceiling light fixture missing a cover over the lights.
-On the second floor area of the facility observed in a resident toilet seat was missing. On the wall of the same resident a metal clap on the wall witch held one of the handles for a towel rack.
-In Residents # observed in the top window pane was cracked from inside of the outside showing the cracked pane.
-In # observed the ceiling air vent hanging down from the ceiling in another area of the ceiling observed a fire alarm which you can see the electric wires behind the alarm.
-Resident from # observed another toilet without a seat. In the same bath a broken tile on the lower shower wall the ceiling air vent was observed with a lot of black dust on the vent and surrounding area. Same the light switch cover was broken.
-Tour of the outside rear area of the facility observed an area with a lot of garbage on the ground between two air condition units.
-Observed a pile of floor tiles and other debris pile on a fence. Behind the office shed observed a fence torn down.

Interviewed the Administrator on at 1:30 PM, he confirmed the findings in regards to the areas found inside and outside of the facility grounds.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on observation, record review and interview the facility failed to report an initial adverse incident report within one business day after the incident and full adverse incident report within 15 days of the incident for 1 out of 15 (#3 and #4) sampled residents.

Findings included:

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Interview conducted on at 1:30 Resident #4, "this guy started hitting the office, when I tried to take it away and I got hit with the pipe. This happen at night. It was in the smaller office. There was two nurses there and they called the police."

Record review on of the facility incident reports contained the adverse incident file with the agency was completed on / and completed on . There were no adverse incidents completed or reported the agency for incident between Resident #3 and 4.

Interview on at 2:45 PM with the Administrator stated, "Resident #3 hit Resident #4 with a stick and the staff called the police and he was . No I did not do an incident report with AHCA."

Class III

L243 LMH - Training

Base on record review and interview the facility failed to have 2 out of 12 (E and K) sampled employees trained in limited mental health (LMH) with six months of employment.

Findings included:

Employee record review revealed two of the facilities employees did not have the LMH training. Employee E (Caretaker) started on - . This employee only had the LMH 3 HOURS certificates but no documentation showing the staff received the initial training. Employee K (Caretaker) started on . Employee had 3 hours of LMH training dated - and 3 hours of LMH training dated .

Interviewed the Administrator on at 1:00 PM, the Administrator confirmed the findings in regards that these two employees did not have their original training certifications in their files at the time of the survey.

Class III

Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed to have 1 out of 12 (A) sampled employees' current level 2 background screening on-file.
Findings included:
Record review revealed Employee A, Administrator's last level 2 background screening on-file was

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dated [redacted].
The background screening employee roster showed the Administrator's last screening was dated [redacted].
Interviewed the Administrator on [redacted] at 1:00 PM, the Administrator confirmed the findings that a new background screening was needed.

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on record review and interview the facility failed to have an eligible background screening for 1 out of 12 (I) sampled employees.

Findings included:

Record review on [redacted] found Employee I's last level 2 background screening was dated [redacted].

The background screening database showed Employee I's background screening status as "a new screening is required" The employee roster for the facility showed that Employee I was hired on [redacted] and is a current employee.

Interviewed the Administrator on [redacted] at 1:00 PM, the Administrator confirmed the findings that a new background screening was needed.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
New Age Adultcare Inc
1105 W 2nd Avenue
Hialeah, FL 33010

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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