STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965862	R
NAME OF PROVIDER OR SUPPLIER **A1A CARE CENTER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **641 WEST 33 STREET** **HIALEAH, FL 33012**	

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

0000 Initial Comments

An Abbreviated Biennial survey was conducted at A1A Care Center, Inc on . There were deficiencies found at the time of the survey. (Lic# 10201)

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview the facility failed to honor the rights of one out of seven sampled residents (Resident #2). A staff person sleeps in the resident's .

Findings included:

During a tour conducted on at 8:13 AM in # , observed that the closet contained women's clothing of two distinct styles and sizes in both sections.

On at 8:13 AM, interviewed Staff B, who said the clothes in thecloset belonged to her and to Resident #2, and that she sleeps in to Resident #2.

On at 8:15 AM Interview with Administrators said "Staff B sleeps in Resident #2's the Resident is scared to sleep alone and the the staff is there to provide company to Resident.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to have the medication cabinet locked.

Findings included:

Observation of the medication cabinet on - at 8:20 Am , showed that it was unlocked.

Interviewed Administrator on - at 8:45 Am, who stated that the employee shall be spoken too for her not locking the medication cart and shall be retrained the process of medication training and safety in regards to medication storage.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **A1A CARE CENTER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **641 WEST 33 STREET** **HIALEAH, FL 33012**	

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

0160 Records - Facilitv

Based on record review and interviews, the facility failed to have a current admission and discharge log listing the names of all the facility's residents (Residents #1-7).

Findings included:

Record review showed that there was no admission/discharge log on site at the facility.

A review of the Day Care log found three residents listed on the log.

On at 8:40 AM interview with Administrator, said she had Day Care log, but she said she had the facility's admission and discharge log at her home.

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to maintain documentation of the appointed health care surrogate, health care proxy, guardian, or the existence of a power of attorney, and the interdisciplinary care plan that the resident is a hospice patient as required, for one out of seven sampled residents (Resident #3).

Findings included:

Record review of Resident #3 ' s file revealed that resident's contract was signed by her daughter, and there was no documentation of the hospice interdisciplinary care plan.

On at 9:14 AM, the Administrator stated Resident #3's contract was signed by Resident's daughter and stated that the facility had the copy of the power of attorney for Resident #3 in the file, but that the hospice nurse must have misplaced it.

On at 9:17 AM, the Administrator stated that she did not have the hospice care plan, because hospice does not provide that to the facility.

Class III

Z828 Administrative Fines: Violations

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **A1A CARE CENTER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **641 WEST 33 STREET** **HIALEAH, FL 33012**	

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

Based on observation, record review, and interview the facility failed to operate within their licensed capacity. The facility is licensed for 6 of people; however, 7 residents were found living in the home at the time of inspection.

Finding include:

On at 8:01 AM during a tour of facility, observed 7 residents living in the facility at time of survey.

A review of facility records revealed that the admission and discharge log was not available at the site.

On at 8:46 AM Resident #7 said " Yes I live here, they give me my medication every day. I sleep in the Resident #3. "

On at 9:06 AM a Pharmacy technician from the Pharmacy that delivers medication to the facility, stated that Resident #7's medication is delivered to the ALF.

On at 9:12 AM, the Administrator stated that Resident#3 "did sleep over last night because her niece had an emergency".

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
A1a Care Center, Inc
641 West 33 Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of an abbreviated 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 Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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