STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966038	07/21/2016
NAME OF PROVIDER OR SUPPLIER **CARING FAMILY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **650 SW 60 COURT** **MIAMI, FL 33144**	

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

0000 Initial Comments

A Complaint Survey (CCR#2016006817) was conducted on , 2016. Caring Family Corp. (AL#10307) with Limited Mental Health component had deficiencies identified at the time of the survey:

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview, the facility failed to honor resident rights for 2 out of 5 sampled residents (Resident # 3 and # 4). The facility used bed rails which residents could not remove to prevent residents from getting out of bed.

Findings included:

During a tour of the facility on / at 9:40 am, observed a sofa facing backwards in # , next to Resident #3's bed. Further observation showed that the bed used by Resident # 4 had full side rails attached to the bed.

Record review of Resident # 4 revealed that there was a prescription a for half bed rail; no consent for a full or half bed rail was found.

During a tour of the facility on / at 9:40 the surveyors also observed in # that there was a sofa backwards next to Resident #3's bed.

Staff B stated on / at 9:40 am that the sofa was placed at night by Resident # 3's bed to keep the resident from falling. She further stated that the resident could not move the couch and get up by himself.

Class III

0032 Resident Care - Elopement Standards

Based on observation and record review the facility failed to assess the risk for elopement for 1 out of 5 sampled residents (Resident # 4), and failed to implement elopement precautions for resident displaying elopemnent signs. The facility also failed to conduct elopement drills twice a year.

Findings included:

On / from 9:30 am to 12:30 pm., observed Resident # 4 attempting to open the front door 3

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times. Resident # 4 appeared to be , and had no picture identification with him.

A review of the facility's record for Resident #4 revealed that there was no elopment assessment.

Record review of the elopement assessment and drill book revealed that there was no elopement risk assessment done for Resident # 4.

Record review of the elopement book also revealed that the last elopement drill was conducted on / .

Class III

0054 Medication - Records

Based on record review and interview the facility failed to maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration for 5 out 5 sampled residents (Resident # 1, # 2, # 3, # 4 and # 5).

Findings included:

Record review of Resident # 1 who had been admitted on revealed that there was no medication observation record (MOR) available at the facility.

Record review of Resident # 2 revealed that there were medications for / at 8:00 am that had not been signed as given on the MOR; these medications were: /Betamethazone cream to be applied to affected area twice; 25 mg daily; ER 10 meq daily and 100 mg at 8:00 am and at noon.

Record review of Resident # 3 revealed that there was a medication for / at 8:00 am that had not been signed as given on the MOR; this medication was: Doxazosyn 2 mg daily.

Record review of Resident # 4 revealed that all the medications for / at 8:00 am had not been signed as given on the MOR.

Record review of Resident # 5 revealed that all the medications for / at 8:00 am had not been signed as given on the MOR.

Review of the medications revealed that they had been given.

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Staff B stated on / at 10:00 am that the medications had been given but she had not finished signing the MORs.

Staff A stated on / at 10:30 am that the staff knew that the medications had to be signed for as soon as given.

Class III

0055 Medication - Storage and Disposal

Based on observation, record review and interview the facility failed to keep centrally stored medications locked at all times and refrigerated medication locked inside the refrigerators. The facility also failed to dispose of a medication that was no longer in use.

Findings included:

During tour of the facility on / at 9:38 am, observed that the the medication cabinet is kept was unlocked and that the medication cabinet was also unlocked. Also observed a bottle of Megestrol with no label kept in an unlocked kitchen cabinet and a bottle of Lantus unlocked inside the refrigerator.

Record review revealed that there was no resident with an order for Megestrol (appetite enhancer).

Staff A stated on / at 10:45 am that the staff knew that the medications needed to be locked at all times and that she did not know why they kept the bottle of Megestrol if there was no resident with an order for that medication.

Class III

0056 Medication - Labeling and Orders

Based on observation, record review and interview the facility failed to keep medications properly labeled for one out of 5 sampled residents (Resident # 5).

Findings included:

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On / at 9:40 am the surveyors observed a bottle of Lantus inside the refrigerator; the box of the bottle of Lantus had the name of the resident that it was ordered for peeled off and the name of Resident # 5 with the amount of units to be injected were written in with a black marker .

Staff A stated on / at 10:45 am that the Lantus had been ordered for a resident that was no longer in the facility and since it was never opened they used for Resident # 5 and that the bottle that the pharmacy sent for Resident # 5 had been sent back to the pharmacy.

On / at 11:18 am the surveyor spoke to a person from the pharmacy and she stated: "We sent the for Resident # 5. I do not remember if they sent it back to us."

Class III

0078 Staffing Standards - Staff

Based on observation and interview the facility failed to provide 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 hiring for 3 out of 4 sampled employees (Staff A, B and C).

Findings included:

Upon arrival to the facility on / at 9:30 am the surveyor were received by Staff B and C.

The surveyors requested to Staff A the employee files for Staff A, B and C at 10:35 am on / and she stated that the files were not in the facility.

Class III

0079 Staffing Standards - Levels

Based on observation, record review and interview the facility failed to keep an accurate staffing schedule. The facility also failed to designate in writing a staff member to be in charge of the facility in the absence of the administrator.

Findings included:

Upon arrival to the facility on / at 9:30 am the surveyors were received by Staff B and C; Staff A

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arrived at 10:07 am and stated that she was there to assist with the survey.

Review of the staffing schedule revealed that Staff A, B and C were not listed. Three different names were listed.

Staff A stated on / at 10:15 am that the three persons that were listed on the schedule did not longer work at the facility.

Staff A stated on / at 10:09 am that there was no staff designated in writing to be in charge of the facility in the absence of the administrator.

Class III

0083 Training - First Aid and

Based on record review and interview the facility failed to provide documentation that a staff member that has completed courses in First Aid and and holds a currently valid card documenting completion of such courses is at the facility at all times for 3 out of 4 sampled staff (Staff A, B and C).

Findings included:

Upon arrival to the facility on / at 9:30 am observed Staff B and C on duty, caring for residents. Staff A arrived at 10:07 am.

A review of Staff A's file revealed that her and First Aid expired on /. Staff B and C had no employee file.

Staff A stated on / at 10:50 am that she had her and First Aid card at another facility and that Staff B an C had no files at the facility.She acknowledged that no one on duty with the residents had documentation of First Aid and training.

Class III

0093 Food Service - Dietary Standards

Based on record review and interview the facility failed to have all regular and therapeutic menus reviewed annually. Also the facility failed to follow the posted menu.

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Findings included:

Record review revealed that the posted menu had expired on . Record review also revealed that for breakfast the residents were supposed to have assorted juices, dry or cooked cereal, bread, margarine and milk.

Resident # 1 stated on / at 9:56 am: "The elderly already had breakfast. We had toast with butter and coffee with milk. "

Staff B also stated on / at 10:05 am that the residents had eaten toast with butter and coffee with milk.

Class III

0160 Records - Facility

Based on observation, record review and interview the facility failed to display the current assisted living facility license.

Findings included:

During tour of the facility on 16 at 9:30 am the surveyors noted that the license posted by the entrance door had expired on .

Review of the Facility Finder website revealed that the facility license AL#10307 will expire on .

Staff A stated on / at 10:15 am that she did not know why the old license was posted.

Class III

0161 Records - Staff

Based on record review and interview the facility failed to maintain personnel records for 3 out of 4 sampled staff members (Staff A, B and C).

Findings included:

Upon arrival to the facility on / at 9:30 am Staff B and Staff C were on duty, caring for residents.

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Staff A arrived at 10:07 am.

Staff A stated on / at 10:20 am that the personnel file for Staff B was at another facility and that she would bring it back to the facility.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to provide documentation of the resident's contract for 1 out of 5 sampled residents (Resident # 1).

Findings included:

Review of the Admission/Discharge log revealed that Resident # 1 was admitted on .

On / at 10:43 am Staff A stated that Resident # 1 had no record because she had been admitted 2 days before.

Class III

Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed to maintain the eligibility results of employee screening and the signed Attestation in the employee's personnel file maintain by the provider for 3 out of 4 samples employees (Staff A, B and C).

Findings included:

Upon arrival to the facility on / at 9:30 am, observed Staff B and Staff C on duty, providing care to residents.. Staff A arrived at 10:07 am.

Record review showed that there were no personnel fioles for Staff B or Staff C.

Staff A stated on / at 10:20 am that the personnel file for Staff B was at another facility and that she would bring it back to the facility. She further stated that Staff C had no personnel file.

Unclassified

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Z814 Background Screening Clearinghouse

Based on record review and interview the facility failed to keep the employee roster up-to-date in the Backgroung Screening Clearinghouse.

Findings included:

Upon arrival to the facility on / at 9:30, Staff B and C were on duty, caring for residents. Staff A arrived at 10:07 am.

Review of the staffing schedule showed that Staff A, B and C were not listed. Three different names were listed.

Review of the backgroung screening clearinghouse revealed that Staff B and C were not listed in the employee roster. Also revealed that the 3 persons listed on the facility's roster wer no longer employed at the facility.

Staff A confirmed on / at 10:15 am that the three persons that were listed on the schedule did not work at the facility.

Unclassified.

Z815 Background Screening: Prohibited Offenses

Based on observation, record review and interview the facility failed to conduct background screenings on 2 out of 4 sampled employees (Staff B and C).

Findings included:

Upon arrival to the facility on / at 9:30 am Staff B and C were on duty, caring for residents.

Review of the background screening clearinghouse revealed that Staff B had a level 2 background screening but there were no eligibility results; results said: "screening in progress." Also revealed that Staff C had no had a level 2 background screening done.

Staff C stated on / at 10:30 am that she comes to the facility to help bath the residents.

Staff A stated on / at 11:00 am that she would get 2 persons with level background screenings to

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come to the facility so that Staff B and C could go home and that they would not come back until they get a level 2 background screening completed.

On / at 11:57 AM two persons arrived at facility to replace staff without background screening. Internet search in the clearinghouse background screening website revealed that one of them had the level 2 background screening completed on and had an Eligible status and the other had it completed on / / and also had an Eligible status.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Caring Family Corp
650 Sw 60 Court
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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