| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967772 | 06/24/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**ABCARE ELDERLY SERVICES** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**10450 SW 178 STREET**<br>**MIAMI, FL 33196** | |

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

**0000 Initial Comments**

A Complaint (CCR#2016007080) Survey was conducted on , 2016 to , 2016. ABCare Elderly Services License #11810 with Limited Mental Health and Limited Nursing Services had the following deficiencies identified at time of the survey.

**0079 Staffing Standards - Levels**

Based on observations, record review, and interview the facility failed to have an updated written work schedule which reflects all staff members.

Findings included:

Observation made on at 10 AM Staff C was found in the facility alone with residents.
Observations on during tour found the staff schedule posted on the wall staff members listed. Staff A, B, and D were listed and Staff C was not listed on the schedule.

Interview on with the Administrator at 4:45 PM stated, "I will update the schedule ."

Class III

**0093 Food Service - Dietary Standards**

Based on observation, record review, and interview facility failed to have a menu updated and reviewed annually by a licensed dietician at the time of the survey.

Findings included:

Observation on at 10 AM found the facility's menu posted on the halway wall was expired.

Record review revealed the facility's menu was expired on .

Interview on at 4:45 PM the Administrator acknowledge the menu was expired.

Class III

**0151 Physical Plant - Existing Facilities**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967772 | 06/24/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**ABCARE ELDERLY SERVICES** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**10450 SW 178 STREET**<br>**MIAMI, FL 33196** | |

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

Based on observation and interview the facility failed to have living environment maintained with equipment in good repair.

Findings included:

On arrived at 9:30 AM the call button was pressed to enter facility gate and it was not working. After waiting 30 minutes to gain access to the facility the Administrator was called. She said she was not at facility but would call the staff in facility to open the gate.
Resident #2 was schedule to be pick up by medical center to remove his on . The transportation was unable to pick resident up because the call bell to contact facility was not working. This cause resident to miss his appointment and the transportation to leave and reschedule.

Interview on 3:20 PM with the Administrator stated, "This just recently happened. You're right it has to be fixed."

Class III

**0162 Records - Resident**

Based on record review and interview the facility failed to have two out of four sampled residents (#2 and 4)'s proof of a power of attorney (POA), guardian, or surrogate documentation.

Findings included:

Record review on revealed Resident #2 & 4's son has been signing all of the documents in their file without having a POA, guardianship, or surrogate documentation.

Interviewed on at 4:50 PM with the Administrator stated. I don't have it."

Class III

**0181 Emergency Plan Approval**

Based on record review and interview, the facility failed to review its emergency management plan on an annual basis and submit it to the county emergency agency for review and approval.

Findings included:

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967772** | **06/24/2016** |
| NAME OF PROVIDER OR SUPPLIER<br>**ABCARE ELDERLY SERVICES** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**10450 SW 178 STREET**<br>**MIAMI, FL 33196** | |

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

Observation on at 10:00 AM of the facility's posted Emergency Management Approval letter shows it was approved from to . It has expired

Interview on at 4:50 PM with Administrator acknowledge the letter was expired.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Abcare Elderly Services
10450 Sw 178 Street
Miami, FL 33196

**RE: CCR #2016007080**

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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