STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965436	**08/05/2016**
NAME OF PROVIDER OR SUPPLIER **SILVER LIFE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2830 SW 106 AVENUE MIAMI, FL 33165**	

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

0000 Initial Comments

A Complaint Survey (CCR #2016005502) was conducted on and concluded on . Silver Life LLC (AL 9834) with standard license had the following deficiencies at the time of the survey:

0025 Resident Care - Supervision

Based on observation, interview, and record review, the facility failed to provide care and services to appropriately meet the needs of 2 out of 7 (Res #7 and Day care participant, client #8). Resident #7 was found in a from which she never awoke, and later as a result of her condition. Day Care Client #8 was found alone in a resident , tied to her wheelchair, during a complaint inspection.

Findings as follow:

A review of hospital and ambulance run records show that Resident #7 was transported to the hospital on after being found unresponsive in the facility. Based on hospital records Resident #7 was comatose while completely off sedation and on /. The resident was found to be in a , with finger stick glucose readings in the 20s. The hospital record further stated that the resident was found after not waking up in the morning. Further review shows " of the did reveal restricted in multiple areas of the which is highly suggestive of most likely secondary to the prolonged episode " (medicaldictionary.com describes this condition as damage to the resulting from prolonged lack of). The resident's prognosis was poor after she was not able to respond and continued to be comatose. The resident subsequently .

On at 10:42 am, Resident #7's daughter stated, she told the facility that her mother was when she moved in, and that Staff B said, she could monitor the resident's sugar levels. She further stated, her mother became and went into a .

A review of the health assessment (AHCA form 1823) dated / showed that Resident #7 was diagnosed with ( ), Dislipidemia, Generalized OA, Gait Disturbance, , , ( ).
On at 9:30 am Staff B stated, on at 10 pm Staff F (night shift) observed Resident #7, in bed, making unusual snoring-like sounds when breathing, and was unable to respond to staff. Stated Staff F called Staff B and explained what was happening. Staff B stated she went to the facility, observed Resident #7 and called 911.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965436	08/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER LIFE LLC	2830 SW 106 AVENUE MIAMI, FL 33165

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

A review of the ambulance run record showed that the ambulance was dispatched the day after the Resident #7 was observed by staff making unusual snoring sounds, on at 5:19 am, and arrived at the facility at 5:26 am. Further record review showed narrative: "Patient was found sitting in bed with snoring caretaker states she was not responding to her and she became concerned. Patient was evaluated and found to be with LO on the glucometer. Patient was treated according to Protocol and still was not responsive even after her glucose came back to 172. Patient had rales and was given , and assisted with a BVM until R29 arrived to transport. "

On at 1:22 pm Resident's #7 daughter stated, during a phone interview, that on Friday and Saturday , facility staff informed her that Resident #7 had a episode. She also stated on she received a call from Staff informing her Resident #7 was making a strong noise when breathing and was not responding, and would call the administrator and the ambulance.

A review of the hospital records of Resident #7 from showed: The resident was brought to the ER (emergency) by (emergency medical services) noted having upper airway sounds and decreased responsiveness since approximately 2 days ago getting progressively worse. Daughter reported have been having episodes of x 2 which resolved but patient was noted to have decreased responsiveness and stridor. Stated upon arrival resident had stable VS (vital signs) but was unresponsive, only withdraws to pain. Further review of the record showed: "Resident with a past history remarkable for type 2 , , dyslipidemia who is brought to the hospital from her assisted living facility after resident was found not responsive. As per history resident had a poor oral intake prior to the episode and upon arrival of patient was found with finger stick glucose reading in the 20s. It is unknown how long the patient was in this state since she was found after not waking up in the morning. Despite initial glucose the patient did not respond and continued to be comatose."

A review of Resident #7's d facility records showed the facility had no written documentation of the resident' s , or of calls to the health care provider regarding the resident's condition.

On at 10:55 am, the Physician's Assistant (PA) from the health care provider's office who had been caring for Resident #7 stated, the Doctor's office policy is that the facility should call the office if a resident is sick, and call 911 for emergencies. She further stated that all of the Assisted Living Facilities (ALFs) that work with the office are informed of this policy. The PA stated that she was called by the ALF owner and informed that resident # 7 had been sent to the hospital. She said that she could not recall what day the facility had called, but she knew that this had been the only call from the ALF staff about the resident.

A review of the health care provider's policy shows that it instructs providers: " Be advised that our practice has the policy of contacting the office to the 24-hour service line to DR's PA personal cell number if patient is not feeling well. If patient or has medical emergency, you need to call 911 and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965436	08/05/2016
NAME OF PROVIDER OR SUPPLIER **SILVER LIFE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2830 SW 106 AVENUE** **MIAMI, FL 33165**	

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

send patient in need to the hospital immediately".
2) On at 7:35 am, observed Day Care participant # 8 in # alone, tied to a wheelchair. The resident smelled like , and a sagging incontinence brief was observed protruding from under the resident ' s nightgown.
On at approximately 7:40 am, Staff D stated, Participant #8 was tied to the wheelchair so that she wouldn't .
On at 9:30 am, the facility manager acknowledged that Participant #8 was left unsupervised by staff although was under precautions.
A review of the health Assessment (AHCA form 1823) for Participant #8 showed that the resident was diagnosed with , , needed precautions, and needed total assistance with Bathing, dressing, self care and transferring.
Observation of Participant #8 from approximately 9:00 am to approximately noon showed that two to three persons were needed to assist the participant in staying seated in a recliner.

A review of Participant #8's record showed that there was no documentation of staff attempts to notify a health care provider of the facility's difficulties in caring for the resident.

During an interview with another state agency at the facility on / at approximately 1:00 pm, Participant #8 was assessed to be inappropriate for day care at an assisted living facility because she appeared to need nursing home care.

Class II

0052 Medication - Assistance with Self-Admin

Based on observation, record review, and interview, the facility failed to follow the correct procedure when assisting residents with self administration of medications.

Findings as follow:

On at 7:40 am observed Staff C assisting Resident #3 with self- administration of medications as follows: Staff took the box with medications (Bingo) from the medication cabinet, also took a disposable cup, to a dominos table that was in the dining . Staff C did not wash her hands and did not have gloves on. Staff took medications with her hand and drop all medications in the cup. Then, placed the cup on top of the table, left the medications unattended, and went to assist a resident in a . Resident #3 was not present. Observations found Resident #3 came and sat at the dining

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965436	08/05/2016
NAME OF PROVIDER OR SUPPLIER **SILVER LIFE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2830 SW 106 AVENUE** **MIAMI, FL 33165**	

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

table Staff C took the cup and placed in front of the resident. Staff C did not observe Resident #3 swallowed the medications.
On at 7:40 am Staff C acknowledged she followed the incorrect procedure when assisted Resident #3 with self administration of medications.
On at 11:00 pm the facility manager acknowledged Staff C followed the incorrect procedure when assisted Resident #3 with self administration of medications.
Class III

0054 Medication - Records

Based on record review and interview, the facility failed to have completed medication observation records (MORs) for 3 out of 6 (Residents #4, #5 and #6)

Findings as follow:

Review of the recorded on / showed the MOR for Residents #4, #5 and #6 were not completed. The medications for Residents #4, #5, and #6 were not signed as given on (AM and PM).

On / at 8:30 am Staff C acknowledged the MOR for residents #4, #5 and #6 was not accurate due to gave medications to residents as prescribed but forgot to sign the MOR.

On at 11:00 am the facility manager acknowledged the facility failed to have an accurate MOR.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to keep the medications in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times

Findings as follow:

On at 7:35 am observed the facility medication cabinet in the hall unlocked and the door was open. The medication cabinet was observed unattended while staff was doing facility duties.

On at 7:40 am facility Staff C (caretaker) stated they left the medication cabinet open by

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965436	**08/05/2016**
NAME OF PROVIDER OR SUPPLIER **SILVER LIFE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2830 SW 106 AVENUE MIAMI, FL 33165**	

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

mistake.

On / at 9:30 am the facility's Administrator acknowledged the facility had the medication cabinet unlocked and open when it has to be kept locked at all times.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview, the facility failed to ensure the Administrator and Manager completed the CORE training continuing education requirement. The facility failed to ensure the Manager had high school completion documentation.
Findings as follow:
Record review of Administrator and Manager's employee files revealed they did not contained documentation of the 12 hours continuing education in the last two years. The Administrator completed CORE training on / / and the Manager on . The Manager also did not have proof of high school completion.
Interview on / / at 1:09 pm the Administrator acknowledged that she has not completed the CORE 12 hours of continuing education training.
Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview, the facility failed to have a staffing schedule that reflected weekly working hours for 1 out of 5 (Staff D) facility Staff.

Findings as follow:

On / at 7:32 am observed Staff D was observed working in facility.

Record review showed the facility failed to have Staff D (caretaker) listed in the staffing schedule

On / at 7:40 am Staff D stated Staff D started working in facility 15 days ago.

On / at 9:00 am the facility's administrator acknowledged the facility failed to have an accurate staffing schedule including Staff D.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965436	08/05/2016
NAME OF PROVIDER OR SUPPLIER **SILVER LIFE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2830 SW 106 AVENUE** **MIAMI, FL 33165**	

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

0081 Training - Staff In-Service

Based on observation and record review, the facility failed to ensure that 1 out of 5 sampled staff (Staff C) received safe food handing training with 30 days of employment. The facility failed to ensure that 1 out of 5 (D) sampled staff received control before providing personal care to residents.

Findings as follow:

Observed on / / at 1:00 pm Staff C and D preparing lunch and serving lunch to residents.

Record review on revealed that Staff C's employee file did not contain documentation that Staff C completed safe food handling training. Record review showed Staff C was hired on . Record review found Staff D did not have a personnel record with control training.

On / at 1:05 pm the facility's Administrator acknowledged the facility failed to have documentation for Staff C and D.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, the facility failed to ensure that 1 out of 5 sampled staff (Staff E) had the 2 hours of continuing education training on providing assistance with self-administered medications in an assisted living facility.

Findings as follow:

Record review on / revealed that Staff E's employee file did not have documentation of the 2 hours medication training. The last medication training on file for Staff E was .

Interview on / / at 10:52 am Staff B acknowledged Staff E did not have the completed 2 hours of continuing education training.

Class III

0093 Food Service - Dietary Standards

Based on observation, record review, and interview, the facility failed to have a menu posted dated and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965436	08/05/2016
NAME OF PROVIDER OR SUPPLIER **SILVER LIFE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2830 SW 106 AVENUE** **MIAMI, FL 33165**	

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

planned at least one week in advance.

Findings as follow:

On / at 7:40 am observed the facility menu posted for 2016 for the week from till . The facility did not have a current menu posted.

On / at 9:20 a.m. the facility's Manager acknowledged the facility menu posted was not up-to-date.

Class III

0160 Records - Facilitv

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

Findings as follow:

Record review showed the facility failed to have Resident #7 listed in the admission and discharge log. Record review showed the facility had a medication observation record (MOR) showing the facility assisted resident with self administration of medications on .

On at 11:25 am interview with pharmacy technician by phone, stated, Resident's #7 medications were delivered to the facility on / and .
On / the facility's Manager (Staff 2) stated Resident #7 was discharged from facility to a hospital on and never returned back to facility. The Manager also acknowledged Resident #7 was never registered in the facility admission and discharge log.

Class III

0161 Records - Staff

Based on observation, record review, and interview, the facility failed to have a completed record for 1 out of 5 (Staff D) sampled staff.

Findings as follow:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965436	08/05/2016
NAME OF PROVIDER OR SUPPLIER **SILVER LIFE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2830 SW 106 AVENUE** **MIAMI, FL 33165**	

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

On at 7:32 am Staff D was observed working in facility.

Record review showed the facility failed to have an employment application with references for Staff D.

On at 7:40 am Staff D stated Staff D started working in facility 15 days ago.

On at 9:00 am the facility's Administrator acknowledged the facility failed to have documentation for Staff D.

Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview the facility failed to provide evidence of Level II background screening for Staff D.

Findings as follow:

On / at 7:32 am Staff D was observed working in facility.

On / at 7:40 am Staff D stated Staff D started working in facility 15 days ago.

A review of the personnel records revealed that there was no documentation of an eligible of Level II background screening for Staff D.

A review of the Background screening website during the survey showed that Staff D had a status of "A new screening is required."

On / at 10:40 Staff B stated that Staff D was recently hired and that background screening was done but results were pending.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Silver Life Llc
2830 Sw 106 Avenue
Miami, FL 33165
RE: CCR #2016005502

Dear Administrator:

This letter reports the findings of a Complaint licensure survey that was concluded 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. **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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

orders. The policy must include what to do if a resident is not compliant with medical orders. These policies and procedures must include the following elements:

- An identification of the parties responsible for ensuring that medical orders are followed.
- A description of how residents' medical concerns brought to any staff member's attention are shared with the management team and how the management team acts upon these reports from staff.
- A description of what to do if the resident is not compliant with medical orders.
- The required timeframe within which the follow up action must occur. **This task must be completed by** .

3. The facility must provide training to all staff, administrators and other managers. This training must include the policy and procedures above, and must guide staff about a scope of interventions that will be made on the residents' behalves. The training must also include recommendations about how to tailor such interventions to specific resident needs. The training must address plans for follow up on all identified needs. Staff must be instructed to ensure that documentation of all interventions is placed in the resident record. Documentation of this training, including the training agenda and staff signatures indicating attendance, must be kept on file at the facility and available for review by the Agency. **This task must be completed by** .

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact . Laura Manville, Survey and Certification Support Branch at (727) 552-1955; . Verlande Exil, Health Facility Evaluator Supervisor, Miami at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve

D7JR

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Silver Life Llc
2830 Sw 106 Avenue
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a complaint (CCR #2016005502) inspection survey conducted on and concluded on , by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC).

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0025 - 429.26(7) Fs; 58a-5.0182(1) Fac - Resident Care - Supervision S-S= Class II

You are directed to complete the following tasks:

1. The facility must develop policies and procedures for promptly identifying and assessing residents changing needs for supervision and support. These policies and procedures must include the following elements:

- An identification of the parties responsible for maintaining daily awareness of resident needs for supervision and support.
- A description of how residents are assessed to determine that they are not at risk of danger to themselves when they are unable to follow medical orders given by a health care provider.
- A description of how identified resident needs for supervision are documented in the resident record, and of how these needs, and the plans to address them, are communicated to staff across all shifts.
- A description of how residents' concerns or needs for staff assistance, brought to any staff member's attention, are shared with the management team and how the management team acts upon these reports from staff.
- The maximum timeframe for documenting the supervision need after it is first observed or reported. **This task must be completed by** .

2. The facility must develop policies and procedures for a better coordination between providers to execute medical orders. A process must be developed to make sure that all staff is aware of medical orders. The staff must be educated on how to follow medical