RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Ada Residences, Inc
759 Sw 99 Ct Cir
Miami, FL 33174

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

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968718	09/14/2016
NAME OF PROVIDER OR SUPPLIER **ADA RESIDENCES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **759 SW 99 CT CIR** **MIAMI, FL 33174**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on / . Ada Residences, Inc. with a Standard License #12596, had the following deficiencies at the time of the survey.

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a Manager for the facility.

Findings included:

On at 10:45 AM record review revealed that the facility had not appointed a Manager. The Administrator supervised two assisted living facilities.

On at 10:45 AM during an interview with the Administrator, she stated she needed to appoint a manager.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview the facility failed to ensure one out of three (Staff C) sampled staff had the initial 4/hours of training in assistance with self-administration.

Findings included:

On at 10:45 AM record review revealed Staff C did not have the initial training for assistance with self-administration of medication training.

On at 11:00 AM on an interview with Administrator, she stated that she was not aware of this training that was missing, and that she was going to try and correct it immediately.

Class III

0160 Records - Facility

Based on record review and interview the facility failed to have a current Fire Inspection.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968718	09/14/2016
NAME OF PROVIDER OR SUPPLIER **ADA RESIDENCES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **759 SW 99 CT CIR** **MIAMI, FL 33174**	

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

Findings included:

On at 8:20 AM record review found the last Fire Inspection was dated (expired on /). The facility failed to have a current Fire Inspection.

On at 12:30 PM during the exit conference with the Administrator, she stated that she has been trying to get them to come and do the inspection and they have not come yet.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to ensure one out of five sampled residents (#2) had a Power of Attorney (POA), Surrogate, or Guardianship documentation in their charts.

Findings included:

On at 10:45 AM record review found Resident #2's niece signed the documents without a POA, Surrogate, or Guardianship documentation on-file.

On at 10:50 AM during an interview with the Administrator, she stated that she had received that POA but she misplaced it and she did not know where she put them.

Class III