RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Dade County Adult Living Facility Group Corp
15135 Sw 128 Court
Miami, FL 33186

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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Phone:(305) 593-3100; Fax:(305) 593-3121
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| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967458 | 09/07/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**DADE COUNTY ADULT LIVING FACILITY GROUP CORP** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**15135 SW 128 COURT**<br>**MIAMI, FL 33186** | |

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

**0000 Initial Comments**

An abbreviated biennial survey was conducted on , 2016. Dade County Adult Living Facility Group Corp with Limited Mental Health component (Lic # 11497) had the following deficiencies identified at time of the survey:

**0025 Resident Care - Supervision**

Based on record review and interview the facility failed to maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in hospitalization ' s care services for two of six residents (5 and 6).

Findings included:

Observation during tour on at 9:20 am revealed Resident #5 ' s was in # and Resident #6 in .

Record review on Resident #5 record did not reflect information regarding hospitalization. However, the Medication Observation Record (MOR) revealed that there was initials as H=Hospitalization from - .

Record review on Resident #6 record did not reflect information regarding hospitalization. However, the Medication Observation Record (MOR) revealed that there was initials as H=Hospitalization from / - .

Interview at 11:00 am Staff A stated, " Resident #6 went to the hospital for a done at the Program. They call me and inform me about it. "
Interview at 11:00 am Staff A stated, " Resident #5 went to the hospital because he went to the Casino and he has an order to not go, as soon they see him, they call the police, and they took him to the Hospital, they call me at 8:00 pm on . Staff A also stated, " I forgot to write the information on their progress notes. "

Class III

**0030 Resident Care - Rights & Facility Procedures**

Based on observation, interview and record review, the facility failed to treat two of six sampled residents with consideration and respect and with due recognition of personal dignity, individuality, and the need

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for privacy. The facility had two residents from different gender living in the same no familiar and/or legal relationship.

Findings included:

Observation on at 8:30 am revealed six residents living in the facility, there were five females and one male. Resident #5 and Resident # 4 (male/female) were sharing the same Resident #4 and Resident #5 were laid on bed in # . Around 10 am Resident #5 woke up from the bed with no shirt on walking inside of the , and later on in the premises of the facility.
Interview on at 9:50 am Staff A stated, " Residents (4 and 5) shared the , but they do not bother to share their ; the facility had no policy regarding wear shirt in the facility. " Staff A also stated, " Resident #5 is allowing to walk in the facility ' s premises with no shirt on. "

Record review showed that there was no signed consent in resident #4 or 5's files to document that they gave permission to be house with a person of the opposite gender who was not their spouse. Further record review showed that there was no documentation of a facility policy or procedure indicating that residents of the same gender with no familiar and/or legal relationship would be housed together.

Class III

**0078 Staffing Standards - Staff**

Based on observation, record review, and interview the facility failed to ensure that one of four sampled staff (C) had evidence of a negative ( ) test.

Findings included:

Observation on at 8:30 am of the facility ' s posted staffing pattern showed Staff C on schedule.

Record review revealed Staff C's (hired on / ) last test dated .

Interviewed on at 12:00 pm, Staff A acknowledged that Staff C did not have an updated test.

Class III

**0084 Training - Assis Self-Admin Meds & Med Mgmt**

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Based on record review and interview the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for one out of four sampled staff (D).

Findings included:

Record review revealed documentation of a minimum of 2 hours of continue education training on providing assistance with self-administration of medications for Staff D, dated on .

Record review revealed Staff D signed the Medication Observation Record (MOR) for Residents 1-6.

Interviewed on at 11:00 am, Staff A stated, " Staff D works on weekend and she assists residents with self-administration of medication. "

Class III

**0162 Records - Resident**

Based on observation, record review and interview the facility failed to maintain an updated written physician's order for use of a half bed rail for one out of six sampled residents (# 3).

Findings included:

Observed during the facility tour on at 9:15 am that Resident #3 had a half bed rail attached to her bed.

Record review showed that Resident #3 (admitted on / / ) had a physician ' s order for the use of half bed rails dated on .

During an interview on at 11:40 am Staff A acknowledged that Resident #3 used the half bed rail; however, Resident #3 did not have updated half bed rail ' order on record.

Class III

**Z814 Background Screening Clearinghouse**

Based on observation, record review and interview, the facility failed to maintain an accurate employee roster register with the Background Screening Clearinghouse for one of four employees.

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Findings:

Observed on at 8:30 am during a tour showed that there was a staff schedule posted that reflected Staffs A - D working.

A review of the background screening database showed the facility did not have Staff D (hired on / ) register on the facility ' s roster.

Interviewed on at 11:00 am, Staff A stated, " Staff D works on the weekend, and she assists residents with self-administration of medication. " Staff A also stated, " I did not know Staff D was missing her assistance with self-administration of medication training in her file. "

Unclassified