AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968810	10/24/2016
NAME OF PROVIDER OR SUPPLIER **OPEN ARMS ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13453 SW 289 TERR** **HOMESTEAD, FL 33033**	

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

0000 Initial Comments

A Complaint Survey (CCR #2016010596) was conducted on / . Open Arms ALF, Inc. with a Limited mental Health component, License # 12674 had the following deficiencies found at the time of the survey:

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have a proof of a negative ( ) examination for one of three sampled staff (Employee A). The facility also failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for one of three sampled staff (Employee B).

Findings included:

On at 10:47 AM record review of Employee A's file revealed written statement from a health care provider documenting freedom from communicable was dated . The facility did not have an annual negative exam on file. Record review found Staff B, hired on , did not have statement from a provider documenting freedom from communicable .

On at 12:00 PM, the Administrator stated that she was aware that they needed the health exams and that they both were going to do it as soon as possible.

Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview the assisted living facility failed to maintain a written work schedule which reflects its correct staffing pattern for a given time period.

Findings Included:

On at 8:30 AM during the tour was found that Staff B, was working in the facility alone caring for six residents.

On at 8:40 AM during the tour was observed the staff schedule posted. Record review found Staff A (Administrator) and B were scheduled to work from 7:00 AM to 7:00 PM.

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On 10/24/16 at 9:30 AM the Administrator arrived at the facility.

On 10/24/16 at 9:30 AM when the Administrator was asked about the scheduled, she replied it was Monday and she was tired that was the reason why she came late.

Class III

0081 Training - Staff In-Service

Based on observation, record review, and interview the facility did not ensure that one of three sampled employees (Staff C) had received Control, Activities of Daily Living (ADLs), Elopement, Emergency Preparedness and Evacuation, Incident Report, Resident Rights, Recognizing/Reporting , Neglect & , prior to provide any personal/direct care to residents.

Findings included:

On at 10:47 AM record review revealed Staff C (hired) did not have the following training: Control, ADLs, Elopement, Emergency Preparedness and Evacuation, Incident Report, Resident Rights, Recognizing/Reporting , Neglect & , prior to provide any personal/direct care to residents.

On at 12:00 PM the Administrator stated that all these training had been given to the employees but she had them in her house because she was going to organized them.

Class III

0082 Training - HIV/AIDS

Based on record review and interview the facility failed to provide documentation of education course on and for one of three sampled employees (Staff C).

Findings included:

On at 10:47 AM record review revealed Staff C (hired on / /) did not have / training within 30 days of being hired.

On at 12:00 PM the Administrator stated that all these training had been given to the employees but she had them in her house because she was going to organized them.

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Class III

0083 Trainina - First Aid and

Based on record review and interview the facility's personnel records did not include properly documented evidence of First Aid and training for one of three (Staff C) sampled staff.

Findings included:

On at 10:47 AM record review revealed Staff C did not have the First Aid and training.

On at 12:00 PM the Administrator stated that all these training had been given to the employees but she had them in her house because she was going to organized them.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to show proof on an annual 2 hours update of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for an unlicensed staff that assist residents with self-administration of medications after the initial 4 hours training for two of three sampled staff (Staff A and C).

Findings included:

On / at 10:47 AM record review found Staff A and B took a 4 hours training in assistance with self-administered medications and safe medication practices in an assisted living facility on / . The facility failed to show proof on an annual 2 hours update of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for Staff A.

Record review found Staff C did not have the medication training.

On at 12:00 PM the Administrator stated that she has these two training were at her house because she took them to her house to organized them.

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Class III

0090 Training -

Based on record review and interview the facility failed ensure one of thee direct care (Staff C) receive at least one hour of training in the facility's policy and procedures regarding ( ) training within 30 days after employment.

Findings included:

On at 10:47 AM record review revealed Staff C did not have training, staff hired on

On at 12:00 PM the Administrator she stated that she though that all the records of this staff were up to date. she was going to make sure to have them for the re-visit.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Open Arms Alf, Inc
13453 Sw 289 Terr
Homestead, FL 33033
RE: CCR #2016010596

Dear Administrator:

This letter reports the findings of a Complaint licensure survey that was conducted on 24, 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