STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968718	R 11/09/2016
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 revisit survey was conducted on 9th, 2016. Ada Residences, Inc. with license number 12596 had the following deficiency identified at the time of the survey:

0077 Staffing Standards - Administrators

Based on record review and interview, the Assisted Living Facility failed to appoint in writing a separate manager for each facility.

Findings included:

A review of Florida Health Finder revealed that the Administrator supervised two Assisted Living Facilities.

A review of the facility's records revealed that the facility had not appointed in writing a Manager.

A review of background screening database for revealed that neither of the two facilities have appointed a manager.

In an interview on / at 10:56 AM the Administrator revealed that the other facility had a change of administrator, and further said that the documentation for the change was submitted three or four days before the survey.

Record review showed that there was no documentation on file with the Agency for Health Care Administration (AHCA) confirming that a Change of Administrator form was submitted.

In an interview on / at 11:21 AM the Administrator revealed that the documentation was sent to the AHCA office in Tallahassee on / , two days before the survey.

Class III
Uncorrected

0162 Records - Resident

Based on record review and interview, the Assisted Living Facility failed to ensure that one out of five sampled residents (#3) had a Power of Attorney (POA), Surrogate, or Guardianship documentation in their records at the time of the survey. The resident's son signed the chart documents.

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

Findings included:

Review of Resident #3 ' s record revealed that Resident #3 ' s power of attorney was not in the record. Further review showed that Resident #3 ' s son signed the resident agreement, refund policy, consent for releasing personal information, and bed hold policy / .

In an interview on / at 11:43 AM the Administrator revealed that she recalled that Resident #3 ' s power of attorney was done in the facility and Resident #3 ' s son did not request copy of it. The Administrator was unable to find the power of attorney.
In an interview on / / at 11:50 AM the Administrator confirmed that Resident #3 ' s son signed on Resident #3's forms in the record.
Class III
Uncorrected

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11968718 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ADA RESIDENCES, INC	759 SW 99 CT CIR MIAMI, FL 33174

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed	ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS) [signature]	DATE 12/1/16	TITLE AFES	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/14/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2017.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

BBT7

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