STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966124	11/18/2016
NAME OF PROVIDER OR SUPPLIER **MARIA ADULT CARE #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **400 SW 76 COURT** **MIAMI, FL 33144**	

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

0000 Initial Comments

A Change of Ownership (CHOW) Survey was conducted at on 10-26-2016- 11-18-2016. Maria Adult Care #2 (License # 10371) had deficiencies found at the time of the survey:

0008 Admissions - Health Assessment

Based on Observation, record review and interview facility failed to provide an accurate and current health Assessment (AHCA Form 1823) for one of nine sampled residents (Resident #4).

Findings included:

Observation of Resident (#4) on at 9:35 AM during the tour of (#2), showed that the resident was in bed sleeping. The resident was bedridden and did not leave her bed at anytime during the survey.

Record review revealed that Resident (4's) Health Assessment (1823) needed to be updated by a physician to reflect that the resident was bedridden. The last Health Assessment was completed on - . The Activities of Daily Living (ADL) section (1) stated that Resident #4 needed assistance with Ambulation/Bathing/Dressing/Eating/Self Care/ / Toileting and Transferring. In section (C) Status sections for (Yes/NO) in section (#2) for Bedridden it was checked (NO). Section (2) for Medication assistance was blank.

Interviewed on at 11:00 AM, the Administrator stated that Resident (#4) could not get out of her bed at any time, because she was totally bedridden. She further stated that the resident's (1823) needed to be changed by the Doctor. The Administrator stated that the doctor had been notified of the resident's changed condition.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview facility failed to file a notification of a change of administrator .

Findings included:

Record review revealed that on at 12:00 PM, that the current Administrator was not listed in the Facility Provider Locator database. Further record review showed that there was no documentation

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that the Agency for Health Care Administration (AHCA) was notified of the facility's intention to change administrators, as is required by statute.

Interviewed on 10-26-2016 at 12: noon, the acting Administrator stated that she was the Administrator of the facility since the other Administrator had left, but she forgot to send in the Application for the change to the Agency. The Administrator stated that she started her employment at the facility on .

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to provide documentation of a completed Health Assessment (AHCA form 1823) for one of one out of nine sampled Residents (#6) .

Findings included:

Record review revealed that Resident (#6) was admitted on - - . The Health Assessment was not dated and the section for the examination date was (Blank).

Interviewed on at 4:00 PM, the Administrator stated that the (1823) was sent to the Physician, but was never returned completed, and that she would contact the Doctor's office as soon as possible for the Resident's completed Assessment.

Class III

0167 Resident Contracts

Based on record review and interview facility failed to provide documentation of a Power of Attorney (POA) for one out of nine participants (#7).

Findings included:R

Record review revealed that Resident (#6's) chart stated he was attending the facility's daycare services. Further review showed that the services started on - - and the family was signing the Residents (#7) contract for services with the facility without any POA/Surrogate/Guardianship/Proxy

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documents in the file giving the family member the right to sign documents for the Residents care.

Interviewed on 10-26-2016 at 4:00 PM, the Administrator stated the the family members has been ask many times to provide the facility with the POA document, but they have not received the document from the family member.

Class III

Z828 Administrative Fines: Violations

Based on observation and interview, the facility failed to follow the conditions and terms of their license by exceeding licensed capacity of six residents. The facility was found to have nine people in residence (Residents# One through Nine) .

Findings included:

Observation during a night monitoring survey on [redacted] at 10:30 PM, revealed that the facility had 9 people in residence.

Interviewed live in Caretaker (#3) on [redacted] at 11:00 PM. She stated that all nine of the Residents lived at the home.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Maria Adult Care #2
400 Sw 76 Court
Miami, FL 33144

Dear Administrator:

This letter reports the findings of a Change of Ownership 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

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