RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
A+ Senior Home Inc
41 Sw 68 Avenue
Miami, FL 33144

Dear Administrator:

This letter reports the findings of a complaint # 2016012877 inspection survey conducted on / - /, by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **five business days** of receipt of this hand delivered report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0025 - 429.26(7) Fs; 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G
St - A - 0030 - 58a-5.0182(6) Fac; 429.28(1-2) Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Directed Corrective Actions:

1. The Assisted Living Facility is required todevelop policies and procedures for daily and promptly identifying and assessing residents changing needs for supervision and support, including how medical assessment and care for injurys will be obtained in a timely manner. These policies and procedures must include the following elements:

    - An identification of the parties responsible for maintaining daily awareness of resident needs for supervision and support, for observing changes and obtaining qualified medical assessment and care when needed.
    - A description of how residents' concerns or needs for staff assistance, brought to any staff member's attention, are shared with the management team and how the management team acts upon these reports from staff.
    - The maximum timeframe for documenting the supervision need after it is first observed or reported.
    - The required timeframe within which the follow up action must occur.
    - The facility must train staff on these policies and procedures. Documentation of the content of, and attendance of all staff at, the training must be available for review.

These tasks must be completed by .

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

Facebook.com/ACHAFlorida
.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

A+ Senior Home Inc
, 2016

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact . Sonia Bailey, Health Facility Evaluator Supervisor, Miami Field Office, (305) 593-3100

Sincerely,

Arene Mayo-Davis, RN
Field Office Manager

AMD/sb

D7JR

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

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

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JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
A+ Senior Home Inc
41 Sw 68 Avenue
Miami, FL 33144

RE: CCR #2016012877

Dear Administrator:

This letter reports the findings of a 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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966253	11/10/2016
NAME OF PROVIDER OR SUPPLIER **A+ SENIOR HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **41 SW 68 AVENUE** **MIAMI, FL 33144**	

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

0000 Initial Comments

A Complaint Investigation survey CCR # 2016012877 was conducted on 11/08/16 & 11/10/2016. A+ Senior Home Inc with Limited Mental Health component, License #1046 had the following deficiencies found at the time of the survey:

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to provide care and services appropriate to meet the needs of one out of six residents (Resident #1). This failure resulted in substantial harm to Resident #1, who was identified as a risk, but for whom no effective protections or precautions were put into place. The resident sustained a hip after being found on the floor next to her bed in the facility.

Findings include:

Record review showed that there was no risk policy and procedure available for review during the survey.

Review of Resident #1 record showed he was admitted to the facility on . The Health Assessment done on documented he was diagnosed with lower pain, , , , prostatic hyperplasia, and . The resident needed assistance with ambulation, bathing, dressing, eating, , toileting and supervision with transfer. The resident was identified as a risk.

Progress notes document that on he at 7:00 AM or 7 :30 AM when he wanted to go to the . Resident #1 called Staff B who assisted him to go back to bed. She checked the resident and he did not have any broken bone and there was no . Staff B called an ambulance. Resident #1 was transferred to the hospital. Resident #1 returned to the facility on .

A review of the records of a collaborating state agency showed that the facility's inadequate supervision of Resident #1 had been verified. The report documented the following:
Resident #1 was abused at the Assisted Living Facility. Resident #1 suffered a hip as a result of a , at the facility. Staff #2 said there was nothing wrong with him. Resident #1 screamed in pain for an unknown amount of time before an ambulance was called and he was transported to the hospital. The caregiver wanted him to go back to sleep. There is evidence to support the maltreatment. No physician was called and consulted.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966253	11/10/2016
NAME OF PROVIDER OR SUPPLIER **A+ SENIOR HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **41 SW 68 AVENUE** **MIAMI, FL 33144**	

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

Interview conducted with Resident #1 on 11/08/2016 at 11:30 AM it was stated, "I woke up at the middle of the night to go to the bathroom. I and I called for help. [Staff B] put me back to bed. I was transferred to the hospital. I had hip surgery."

Interview was conducted with Resident #4 on / at 12:20 AM it was stated, "I was in the kitchen eating breakfast at 7:00 AM or 7:30 AM when I heard that someone . I stepped back and I saw [Resident #1] on the floor. I called Staff B. She put him on his bed. She asked him to go to the hospital and he refused. I did not remember at what time the ambulance arrived."

Interview was conducted with Staff A, the Administrator on / / at 12:47 PM it was stated, "Staff B told me that Resident #1 at 7:00 AM or 7:30 AM. Resident #4 was in the dining and she called Staff B. Staff B went to his I asked him if he was ok, and he said yes. She put him back in his bed. She checked his body and there was no or broken bones observed. He asked for and water. Then he said that his leg was hurting. Staff B called the ambulance. He was transferred to the hospital. When I arrived at 8:00 AM he was not in the facility."

The Administrator stated, regarding precautions that had been put in place for Resident #1, "The physician ordered at bed time and half bed rail. We gave him a urinal to avoid that he gets up in the middle of the night to go to the ."

Interview was conducted with Staff B on / at 12:55 PM it was stated, "Resident #4 knocked on my 's door when she heard that Resident #1 at 7:00 AM or 7:30 AM. I heard that he was calling me. I went to his he was on the floor. I helped him to transfer to his bed. He asked me for some water and to put a . I checked his body and he was not and did not have any broken bones. A few minutes later he said that he had pain and I called an ambulance and the administrator. He refused to use pampers. After he returned we gave him a urinal. The physician ordered and ½ bed rail. I left a glass of water next to his bed at night. The administrator talks to me on how to avoid him falling again."

Class II

0030 Resident Care - Rights & Facility Procedures

Based on observation, interview, and record review, the facility failed to honor residents for consideration and privacy for two out six (Resident #1 and #5) sampled residents.

Findings Include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966253	**11/10/2016**
NAME OF PROVIDER OR SUPPLIER **A+ SENIOR HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **41 SW 68 AVENUE** **MIAMI, FL 33144**	

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

Observation during the facility tour conducted on 11/08/16 at 10:30 AM showed that Resident #1 and #5 resides in room #3. There was no a privacy curtain in the room.
Interview conducted with Resident #1 on / at 11:30 AM it was stated, "I am using an urinal at night. I shared the Resident #5."
Interview was conducted with Staff A, the administrator on / at 12:47 PM it was stated, "We gave a urinal to him. He used it at night. He shared the Resident #5. There was no a privacy curtain in the ."

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to keep on file an updated documentation of freedom from one out of three staff (Staff A).

Findings include:

Review of Staff A record on / at 10:00 AM, showed Staff A, administrator did not have their annually documentation that they did not have any signs or symptoms of a communicable including . The last statement on file for Staff A was dated / / .

Interview conducted on / at 1:30 PM, Staff A, the administrator stated that she did not have documentation of freedom from in her file.

Class III