RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM 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 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

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967458	R 12/08/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DADE COUNTY ADULT LIVING FACILITY GROUP CORP	**15135 SW 128 COURT MIAMI, FL 33186**

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

0000 - Initial Comments

An Abbreviated Biennial Revisit survey was conducted on 12/08/2016. Dade County Adult Living Facility Group Corp with Limited Mental Health component (Lic # 11497) had the following deficiencies identified at time of the survey:

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review and interview, the facility failed to have documentation of a satisfactory annual fire inspection.

Findings included:

Observation on at 12:15 PM showed an annual fire inspection dated posted in the bulletin board.

Interview conducted on at 12:40 PM, administrator confirmed that the fire inspection expired on but the department sent the permit extended until .

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review, and interview, the facility did not maintain an updated written physician's order for use of a half bed rail for one out of six sampled residents (Resident #1).

Findings included:

Observation on at 12:15 PM showed that there was a half bed rail attached to Resident's #1's bed.

A review of Resident #1's record showed it did not contain a physician's order for the use of half bed rail.

During an interview on at 12:40 PM, the Administrator stated that the facility did not obtain a written physician's order for use of a full-bed rail for Resident #1.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11967458 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
DADE COUNTY ADULT LIVING FACILITY GROUP CORP	15135 SW 128 COURT MIAMI, FL 33186

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 A0025	Correction	ID Prefix A0030	Correction	ID Prefix A0078	Correction
Reg. # 429.26(7) FS; 58A-5.0182(1) FAC	Completed	Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS	Completed	Reg. # 58A-5.019(2) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0084	Correction	ID Prefix AZ814	Correction	ID Prefix	Correction
Reg. # 58A-5.0191(5) FAC	Completed	Reg. # 435.12(2)(b-d), FS	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE 12/19/16	TITLE HFES	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/7/2016		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		☐ YES ☐ NO