STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966075	12/07/2016
NAME OF PROVIDER OR SUPPLIER **NONNA GLORIA, ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12748 NW 98 COURT** **HIALEAH, FL 33018**	

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

0000 - Initial Comments

A complaint (CCR #2016010497) was conducted from 11/23/16 to . Nonna Gloria, ALF, Inc had a deficiency at the time of the survey.

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on interview and record review, the assisted living facility (ALF) failed to notify the agency of an incident that required one of six sampled residents (resident #6) to be transferred to a higher level of care.

Findings include:

In an interview with a detective from a local law enforcement agency on / at 2:41 PM, he stated that that the facility did not do an investigation regarding resident #6 ' s condition from events arising at the facility on and .

Review of the Agency adverse incident records indicated that the facility did not file an adverse incident report from the hospitalization of resident #6 on .

In a review of the resident #6 ' s record, dated at 9:00 AM, the administrator wrote that on the morning of , the hospice caregiver heard resident #6 cry out loudly and observed the resident with her arms raised up and breathing " strong." The notes indicated that the hospice caregiver was assigned to provide hospice services to resident #5, who was the to resident #6. The notes indicated that the hospice caregiver informed the facility caregiver of resident #6 ' s condition and requested that the facility caregiver call 911. The notes indicated that resident #6 was sent to the hospital for treatment.

A review of resident #6 ' s hospital record dated on indicated that " In the emergency , she was confirmed to have a but also a of the shoulder with of the right shoulder. "

In an interview with the administrator on / at 10:45 AM, she stated that resident #6 ' s family reported the incident that required the resident to be hospitalized to a local law enforcement detective in 2016. She stated that she did not know how resident #6 dislocated her shoulder and that she only spoke to the facility caregiver and the hospice caregiver regarding resident #6 ' s condition on . She stated that she did not file an adverse incident report with the agency and that the notes she wrote in resident #6 ' s record represented the facility ' s investigation of the event involving resident #6 on . She stated that she did not seek any other sources of information to ascertain how the resident became injured, which led to her hospitalization. She stated that she did not know whether or not the resident was responsive and/or breathing at the time of the event on . She stated that she was not aware that - ( ) was provided to resident #6 on by the hospice caregiver, who was not a facility employee.

In an interview with the facility caregiver on / at 12:40 PM, she stated that on the morning of

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08/04/16, she heard resident #6 scream loudly and observed the resident ' s limbs extended while she lied supine on the bed. She stated that she called 911 for emergency response and the hospice caregiver performed on resident #6 while the resident was lying on her bed and she was not certain if the resident was breathing or not and if the resident needed to receive .
In an interview with the hospice caregiver on - - at 11:30 AM, she stated that she heard resident #6 scream on the morning of while she was caring for resident #5 in the . She stated that she observed resident #6 lying on the bed with her arms and legs extended and rigid. She stated that the facility caregiver called emergency response for resident #6 ' s condition and she performed on resident #6 while the resident was lying on the bed. She stated that she performed 3 chest compressions on resident #6 and was not certain whether or not the resident was breathing before she performed the chest compressions. She stated that emergency personnel arrived to the facility shortly after she performed , and resident #6 was transported to the hospital. The hospice caregiver stated that the administrator briefly asked her about what had happened on the morning of and the administrator did not ask her about resident #6 having received from her.
A review of the Computer-Aided Dispatch ( ) obtained from the Communications Bureau of the County Police Department revealed that resident #6 was unresponsive, and breathing at the initiation of the 911 call on at 8:05 AM. Fire rescue arrived to the facility at 8:13 AM and transported resident #6 to the hospital by 8:35 AM.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Nonna Gloria, Alf Inc
12748 Nw 98 Court
Hialeah, FL 33018
RE: CCR #2016010497

Dear Administrator:

This letter reports the findings of a Complaint 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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