STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966712	**12/22/2016**
NAME OF PROVIDER OR SUPPLIER **M & Y CARING AND LOVING ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **22712 S W 103 COURT** **MIAMI, FL 33190**	

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview the facility failed to have the signed attestation of compliance in the staff personnel records for 4 out of 4 sampled staff (Staff A, B, C and D). The facility also failed to maintain the eligibility results in the personnel file for 2 out of 4 sampled staff (Staff A and D).

Findings included:

Personnel record review of Staff A, B, C, and D revealed that none of staff had signed Attestation of Compliance in their record. Also revealed that Staff A and Staff D had no eligibility results in their file; review of the background screening unit revealed that both of them had an eligible status.

On / at 12:02 pm Staff B stated that they do not have the eligible results for Staff A and D physically in the facility but the results were in the computer. She also stated that she did not know that they needed the attestation of compliance.

Unclassified

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain the employment status of all employees within the clearinghouse.

Findings included:

Review of the Clearinghouse revealed that the facility's employee roster was not up to date; Staff B and C were listed, Staff A and D were no listed. There was another person that did not longer worked at the facility listed.

On at 11:40 am Staff B stated that she will update the roster and that the employee that was listed has not worked in the facility for a long time.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview the facility failed to ensure that an employee subject to screening has not had a break in service from a position that required level 2 screening for more than 90 days for 1

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out of 4 sampled employees (Staff D).

Findings included:

Record review of Staff D revealed that she started working at the facility on 11/01/16 and her level II background screening was dated / / .

On / at 1:23 pm Staff D stated that she worked at an assisted living facility from 2011 to 2014 and then she went to live in Nicaragua and came back recently.

Unclassified

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0000 - Initial Comments

A Standard Biennial Survey was conducted on 22, 2016. M & Y Caring and Loving ALF, Inc (License # 108670) with Limited Mental Health component had deficiencies identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to have a new face to face medical examination completed by a health care provider after a significant change for 1 out of 6 sampled residents (Resident # 6).

Findings included:

Record review of Resident #6 record revealed that he had been admitted to hospice on / with a diagnosis of . Record review also revealed that the last health assessment was completed on / and stated that Resident # 6 required assistance with his activities of daily living.

Staff B stated on / at 10:10 am that the resident still able to feed self but that he requires total assistance with the rest of his activities of daily living. She also stated that stated that the resident was referred to hospice on and that they are waiting for the resident's son to come and sign the hospice documents.
Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review, and interview the facility failed to have a doctor's order and signed consent for the use of bed rails for 1 out of 6 sampled residents (Resident #4).

Findings included:

During tour of the facility on / at 8:30 am observed Resident #6 lying in bed in # with half bed rails.

Review of Resident #6's record revealed that there was no consent and no prescription for use of half bed rails.

On at 11:10 am Staff B stated, "No, I do not have the prescription or the consent for the side rail but he needs it and I will talk to the doctor to give me a prescription and to his son to sign the

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SUMMARY STATEMENT OF DEFICIENCIES
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consent."

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observation, record review, and interview the facility failed to ensure that a staff that holds a current valid First Aid and card is in the facility at all times.

Findings included:

Upon arrival to the facility on / at 8:20 am was received by Staff B and Staff C. Staff C left the facility around 11:00 am to go to a medical appointment and Staff B remained at the facility with the residents.

Personnel record review of Staff B's file revealed that her and First Aid card expired on .
Personnel record review of Staff C's file revealed that his and First Aid card expired on / / .

On / at 12:40 pm Staff B stated, "I am sure I renewed it. I will look for it." On at 12:50 pm she stated, "I will let my husband (Staff C) know that his is also expired."

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interview the facility failed to ensure that the menu was renewed annually by a licensed or a registered dietitian.

Findings included:

Review of the menu revealed that it had been prepared by a Registered Dietitian and was effective on / / and had expired on / ; on top the menu the days of the week were listed from / to .

On at 10:40 am Staff B stated that she had not realize that the date on the menu was wrong.

Class III

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

Based on record review and interview the facility failed to have a current fire inspection and sanitation inspection.

Findings included:

Review of the fire inspection revealed that it had expired on . . 2016.

On at 8:50 am Staff C stated, "the person that comes to do the fire inspection normally has not come this year and we already paid for it."

Review of the health inspection revealed that it had been approved on /

On / at 8:51 am Staff C stated, "we paid for the inspection on 26 and they told me that they would be coming to the facility in mid- and they have not come yet."

Class III

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

Based on record review and interview the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one out of 6 sampled residents (Resident # 6).

Findings included:

Record review of Resident #6's files revealed that the contract had been signed by his son and that there was no documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney.

On Staff B stated at 10:30 am that the resident's son is his power of attorney.
On at 1:05 pm the resident's son stated that he has the power of attorney at his home and that he thought that he had left a copy at the facility.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
M & Y Caring And Loving Alf, Inc
22712 S W 103 Court
Miami, FL 33190

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 , 2017.** 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

XG90

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