STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968676	01/10/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL DUNN ASSISTANT LIVING, INC.	**5726-28 LINCOLN STREET HOLLYWOOD, FL 33021**

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

0000 - Initial Comments

An unannounced relicensure survey was conducted at All Dunn Assisted Living Facility on [illegible] (License#12606). The facility had deficiencies identified at the time of the visit.

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview, the facility failed to post a activity calendar in common areas of the facility where residents congregate.

The findings included:

During a tour of the facility conducted on [illegible], it was revealed there was not a Activity Calendar for the facility posted. Further observation revealed there was not activity information posted in the facility.

During interviews with Resident's 1 on [illegible] at 4:50AM, she stated an outside person comes in and does activities with them. During an interview with Resident#2 at approximately 5:00PM, she confirmed that an outside person conducts activities with them weekly. During an interview with Resident#4 at approximately 4:20PM, she stated an outside person comes in and conducts activities with them. The residents were not able to say how often or the duration of the activities. The activities conducted with activity person, are the only activities conducted at the facility.

During an interview with Staff C, conducted on [illegible] at approximately 5:30PM, she stated the only activities conducted with the residents are walks, listening to music, and current events (newspaper, magazine).

In an interview conducted on [illegible] at approximately 6:20PM, she confirmed that an outside company comes in to conduct activities. She was not able to provide any documentation that showed the number of hours activities are conducted. The Administrator acknowledged the findings and did not provide any additional documentation for review.

Class II

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on employee record review and interview, the facility failed to ensure 2 of 3 sampled direct care staff (Staff B & C) received the required in-service training's within 30 days of hire.

The findings included:

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ALL DUNN ASSISTANT LIVING, INC.	**5726-28 LINCOLN STREET HOLLYWOOD, FL 33021**

SUMMARY STATEMENT OF DEFICIENCIES
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On 1/9/2017, during a employee record review for Staff B (Hire date:6/14/2016) and Staff C (Hire date:), there was no documentation contained within the employee files, or provided by the administrator, showing completion of the following regulatory required in-service training's completed within 30 days of employment.

a) ADL's and Behavioral Need
b) Elopement
c) Emergency Preparedness and Evacuation
d) Incident Reporting
e) Recognizing and Reporting Resident , Neglect, and /or
f) Nutrition and Safe Food Handling
g) Residents Rights

During an interview conducted with Administrator on / at approximately 6:00PM, she acknowledged the absence of documentation for both employee's confirming their completion of these required staff training's.

Class III

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

Based on employee record review, and interview, the facility failed to ensure that 1 of 3 staff members had competed course in First Aid and holds a current valid card documenting completion of such courses (Staff B).

The Finding included:

During employee record review for Staff B (Hire date:) who is a direct care staff, there was no documentation contained within the employee's file or provided by the Administrator, showing Staff B completed an approved course in First Aid and holds a currently valid certifications card.

During an interview with Staff B and the Administrator, it was revealed Staff B works the day shift and is occasionally left alone to care for the residents.

During interview conducted with the Administrator on / at approximately 6:00PM, she acknowledged the absence of documentation confirming completion of First Aid and training.

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ALL DUNN ASSISTANT LIVING, INC.	5726-28 LINCOLN STREET HOLLYWOOD, FL 33021

SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure 2 of 3 sampled direct care staff (Staff B & C) received the required one-hour in-service training in the facility's policies and procedures regarding (DNOR) within 30 days of hire.

The Findings included:

On 1. , during an employee record review for Staff B (hire date:) and Staff C (hire date:), there was no documentation contained within these employee files or provided by the Administrator, showing completion of the regulatory required in-service training regarding the facility's , which is to be completed within 30 days of employment.

During an interview conducted with Administrator on / at approximately 6:10PM, she acknowledged the absence of documentation for both employees confirming their completion of this required staff training.

Class III

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

Based on observation, record review, and interview, the facility failed to maintain menus reviewed annually by a licensed or registered dietitian.

The findings included:

a) On / , a menu was posted in the facility dated / . Further review of the menus revealed the menu was a copy that had been signed by a licensed dietitcian dated / through / . Cycle 1 was the only menu in the facility; cycle 2-4 was missing.

b) There was no disaster emergency food list or menu in the facility. Further review revealed there was a three day supply of nonperishable food items for 4 residents, and there was a 3 day supply of water in the facility's emergency food stock.

During an interview with the Administrator on / approximately 6:30PM, she stated she obtained the 4 cycle menu's from the dietician and she was suppose to attend a class to received the remainder of the documents. She never attended the class. She had four cycles but they have been

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

misplaced by staff leaving her with only Cycle 1. The Administrator acknowledged the findings and did not provide any additional documentation's for review.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
All Dunn Assistant Living, Inc.
5726-28 Lincoln Street
Hollywood, FL 33021

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2017 by a representative 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 representative. Should you have any questions please call this office at 561 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/
Enclosure
XG90

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