STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968641	**01/18/2017**
NAME OF PROVIDER OR SUPPLIER **NEW AGE ADULTCARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1105 W 2ND AVENUE** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A Complaint (CCR #201700217) Survey was conducted at New Age Adultcare Inc with Limited Mental Health component, license #12526 had the following deficiencies at the time of the survey:

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

Based on observation, record review, and interview, the facility failed to provide social, recreational or educational activities for 24 out of 24 residents at the facility.
Findings included:
On / observed during survey that some of the residents were watching television or in bed from 8:40 a.m. to the exit conference at 12:30 p.m.
Reviewed the bulletin board where the facility's documents were posted and no activity schedule was found. In the dining found an activities calendar for , 2016.
During an interview on / at 12:30 p.m., the Administrator acknowledged that the facility activities calendar was not updated that the one posted was , 2016.
Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview, the facility failed to maintain a written work schedule which reflects its staffing pattern for a given time period.
Findings included:
On / at 8:40 a.m. during the tour found two staff members providing services to a census of 24 residents.
During a phone interview on / / at 8:46 a.m., the Administrator stated I'm in a hospital with one of our residents. He stated "I will call my wife to go to the facility."
Record review of the facility's staffing schedule found the staff schedule reflects the week of / to / and a week of to / /. The facility did not have the staffing schedule for the week / /.
During an interview on / / at 10:25 a.m. the updated staff scheduled was provided, the facility administrator acknowledged deficiencies. He stated I had it in my computer to be printed.
Class III

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

Based on observation, record review, and interview, the facility failed to have menus reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist.
Findings included:

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Observation on 01/18/17 during facility tour at 8:40 a.m. revealed that facility's menu posted on the dining room wall was effective 12/21/15 with expiration dated 12/21/16.
During an interview on / / at 8:40 a.m. Staff E (cook) stated that "I use menu posted on the wall. I knew that the menu was expired. I informed the administration and they will bring the new one today."
Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview, the facility failed to have a surety bond with the minimum bond proceeds that equal twice the value of the residents' monthly aggregate income for 1 out of 24 (#1) sampled residents.
Findings included:
Record review found a letter where the facility requested to be the payee for Resident #1.
During an interview on / at 11:14 a.m., the Administrator stated that he is a payee of 20 residents but he did not have a surety bond.
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
New Age Adultcare Inc
1105 W 2nd Avenue
Hialeah, FL 33010
RE: CCR #2017000217

Dear Administrator:

This letter reports the findings of a Complaint licensure survey that was conducted on 18, 2017 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

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