

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 01/31/2017  
FORM APPROVED

|                                                            |                                                                                        |                                                     |
|------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11965358</b>            | (X3) DATE SURVEY COMPLETED<br><br><b>01/10/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>MOLINA'S ADULT CARE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9830 SW 12 TERRACE<br/>MIAMI, FL 33174</b> |                                                     |

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

**0000 - Initial Comments**

A complaint (CCR# 2016013489) survey was conducted on 01/10/2017. Molina's Adult Care had deficiencies at time of the survey. Facility license #9698.

**0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC**

Based on record review and interview, the facility failed to have a health assessment for one out of six (Resident #3) sampled residents within 30 days of admission.

**Findings Included:**

Review of Resident #3's record on 01/10/2017 revealed it did not have a completed health assessment form (AHCA Form 1823). Resident #3 was admitted to the facility on 01/05/2017.

Interview on 01/10/2017 at 2:15 pm Staff A stated, "I have to ask his doctor to send me the AHCA's 1823; it is still on process."

Interview conducted on 01/10/2017 at 2:17 pm, the facility's Administrator acknowledged that Resident #3 needed to have an AHCA Form 1823 in his file.

Class III

**0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC**

Based on record review and interview, the facility failed to have updated notes for one out of three (Resident #3) sampled residents who was removed from the facility by law enforcement.

**Findings included:**

Record review revealed the facility did not have a resident record for Resident #6.

Interview on 01/10/2017 at 12:40 pm Staff B stated, "Resident #6's social worker called the police, and they took her out of the facility."

Interview on 01/10/2017 at 12:30 pm Resident #1 stated, "the police department was here one time for a Resident #6; she was okay, but Resident #6's son had problems, he stated that he like to eat human flesh, I was scare."

Interview on 01/10/2017 at 12:40 pm Resident #2 stated, "the police were here two times due to Resident #6; that lady brings problem to the facility through her son behavior, he likes to eat human flesh, and he

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always was arguing for food or visiting his mother late."

Interview on 1/10/17 from 12:40 pm - 3:20 pm the Administrator stated, "Resident #6 was a nice person, the problem was her son, he eats human meat! Resident #6's social worker called the police to take her out of the facility because I could not put the other residents in danger, I did not want her in the facility due to her son. After Resident #6 left the facility, he came back to the facility, and he wanted to know where his mother went, I called the police. She was only living here two days."

Furthermore, the Administrator stated, "I did not write what happen with Resident #6 because I did not have a record for her, and I did not have a separate book to write incidents; I write in the residents' records only, and Resident #6 did not have one. I just know that Resident #6 cannot lives here, her son is danger."

Class III

**0078 - Staffing Standards - Staff - 58A-5.019(2) FAC**

Based on record review and interview, the facility's personnel records did not have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for one out of three (C) sampled staff.

Findings included:

Record review on 1/10/17 revealed Staff C (hire date 1/1/17)'s file did not include a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable.

Interview on 1/10/17 at 12:35 PM Staff A stated, "I will schedule the test."

Class III

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

Based on record review and interview, the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings included:

Record review on 1/10/17 showed the staffing pattern posted was dated for the month of 2016.

Interview on 1/10/17 at 2:00 pm the Administrator stated she did not know that the staffing schedule was

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not update.

Class III

**0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC**

Based on record review and interview, the facility failed to ensure that staff received an annual 2 hours of continuing education training on providing assistance with self-administered medication and safe medication practices for three out of three (Staff A, B and C) sampled employees.

Findings included:

Personnel record review on 1/10/17 revealed annual 2 hours of continuing education training on providing assistance with self-administration of medication and safe medication practices for Staff A, B, and C (hired 1/1/17) expired 1/1/17. The facility did not have the updated training.

Interview on 1/10/17 at 12:25 PM Staff A stated, "We should have those training complete; however, I forgot to fax staff's information to the medication trainer."

Class III

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

Based on record review and interview, the facility failed to ensure that a dietitian reviewed the menu annually.

Findings included:

Record review on 1/10/17 showed that the menu posted was last reviewed on 1/1/17 (expired on 1/1/17).

Interview on 1/10/17 at 2:00 pm the Administrator stated that she did not know that the menu was not update.

Class III

**0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC**

Based on observation and interview, the facility failed to provide a safe living environment and an

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environment free of hazards.

Findings included:

Observation on 1/10/17 at 11:30 am revealed that the living room area wall paper was peeling. The facility's back porch revealed that it was full of furniture that did not belong to that area. It was not organized.

Further observations revealed that the # was used as storage. The 1 and 2's sink had low running water.

Interview on 1/10/17 at 2:10 pm the Administrator stated, "the sink is running little; it has to be the pipe that is closed. The back porch will be cleaned, and the living wall needed to be replaced. I was reorganizing another resident, and I put that furniture in the back porch, I will take them out of there."

Class III

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

Based on record review and interview, the facility failed to provide a copy of the annual sanitation inspection and fire inspection. The facility also failed to have an up to dated admission/discharge log.

Findings included:

Record review of inspections posted on the bulletin board in the dining that that last sanitation inspection was conducted on 1/10/17 and last fire inspection was conducted on 1/10/17.

Interview on 1/10/17 at 2:00 pm the Administrator stated that she did not realize that the health and fire inspections were expired.

Record review on 1/10/17 found Resident #6 (admitted unknown) was not listed on the facility's admission/discharge log.

Interview on 1/10/17 at 11:45 AM Staff B confirmed the Resident #6's residency in the facility. Also, Residents #s 1 and 2 confirmed Resident #6 resided in the facility.

Interview on 1/10/17 at 1:00 pm the Administrator stated, "Resident #6 lived in the facility only for three

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days; Resident #6 was \_\_\_\_\_ and the police took her to another place; I do not know where she went; she has a social worker, and she also was here, she called the police. This information was not noted on the facility's admission discharge log because Resident #6 lived here for three days, and I did not know if she will stay residing here."

Class III

**0167 - Resident Contracts - 58A-5.025 FAC**

Based on record review and interview, the facility failed to have an executed contract for one out of six (Resident #3) sampled residents. The facility also failed to have an executed contract for one out of six (Resident #6) sampled residents.

Findings included:

Observation on 1/10/17 at 11:30 am revealed Resident #3 lived in \_\_\_\_\_ #3.

Admission/Discharge log reflected that Resident #3 was admitted to the facility on 1/10/17. Record review on 1/10/17 revealed Resident #3 had a contract in his file, but it is not signed or dated. It also did not reflect a monthly payment at time of survey.

Interview on 1/10/17 at 1:00 pm revealed Staff A confirmed that Residents # 3 did not have the monthly payment reflected in his contract because she had been waiting on a check from the social security." The Administrator stated that she just recently receives the first check to pay the facility on 1/10/17."

Further review found that there was no contract between the facility and Resident #6.

Interview on 1/10/17 at 11:45 AM Staff B confirmed the Resident #6's residency in the facility.

Interview on 1/10/17 at 1:00 pm the Administrator stated, "Resident #6 lived in the facility only for three days; Resident #6 was \_\_\_\_\_ and the police took her to another place."

Class III

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

Based on record review and interview, the facility failed to have completed attestation forms for three out of three (A, B, and C) sampled staff.

Findings included:

Record review on // revealed staff did not have completed attestation forms on file at the time of the survey.

During an interview on // at 3:43 pm Staff A acknowledged that Staffs did not have the competed attestation forms.

Unclassified Deficiency

**Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS**

Based on record review and interview, the facility failed to ensure one out of three (C) sampled staff had a Level II background screening.

Findings included:

Record review on // revealed Staff C's initials were on the Medication Observation Record.

Record review revealed Staff C (hired // ) did not have an eligible Level II background screening.

Interview on // at 1:23 PM Resident #1 stated, "Both staff (B and C) assist with medications. "

Interview on // at 1:15 PM Resident #2 stated, "Staff B and C assist all the residents with self-administration of medication.

Interview on // from 11:47 - 1:56 pm Staff B stated, "Staff C works here too, she covers the weekend. "

Interview on // from 12:47 pm - 1:56 pm Staff A stated, " I have two staff working here, I did not know that she did not have her background screening in her file. "

Unclassified



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

, 2017

Administrator  
Molina's Adult Care  
9830 Sw 12 Terrace  
Miami, FL 33174  
**RE: CCR #2016013484**

Dear Administrator:

This letter reports the findings of a Complaint licensure survey that was conducted on 10, 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.shtm> 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

XC90

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



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