RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Ada Residences, Inc
759 Sw 99 Ct Cir
Miami, FL 33174

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on 25, 2017 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2017.**

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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

YOSF

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

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968718** | R<br>**01/25/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**ADA RESIDENCES, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**759 SW 99 CT CIR**<br>**MIAMI, FL 33174** | |

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

**0000 - Initial Comments**

A Standard Biennial revisit survey was conducted on 01-25-2017 at Ada Residences, Inc. with license number (12596) had the following deficiency identified at the time of the survey

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

Based on record review and interview, the Assisted Living Facility failed to ensure that one out of five sampled residents (#3) had a Power of Attorney (POA), Surrogate, or Guardianship documentation in their records at the time of the survey. The resident's son signed the chart documents.

Findings included:

Review of Resident #3 ' s record revealed that Resident #3 ' s power of attorney was not in the record. Further review showed that Resident #3 ' s son signed the resident agreement, refund policy, consent for releasing personal information, and bed hold policy

In an interview on at 2:00 PM the Administrator stated that Resident #3 ' s Power of Attorney was in the facility file, however she was unable to find the Power of Attorney. The Administrator then confirmed that Resident #3 ' s son signed Resident #3's forms in the record and the POA was not in the chart at the time of the survey.

Uncorrected

Class III