AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 02/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966845	**02/01/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA DE PAZ ALF, INC	**9360 SW 24 STREET** **MIAMI, FL 33165**

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Casa de Paz ALF, Inc, license number 10991, had deficiencies found at the time of the survey.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on observation, record review, and interview the facility failed to ensure one out of six (Resident #1) sampled residents meet residency criteria by being able to perform the activities of daily living (ADLs) with supervision or assistance at the time of the admission.

Findings Include:

Observation on at 10:10 AM showed Resident #1 was sitting in her . The resident was alert and awake.

Review of Resident #1's record document she was admitted to the facility on and has a diagnosis of , , , , , and . The Health Assessment done on indicated that the resident needed assistance with ambulation and eating. The assessment also showed that the resident required total assistance with bathing, dressing, , toileting and transfer.

During an interview conducted at 2:45 PM, administrator stated "Resident #1 was able to assist with her bath, dress, , toileting and transfer at the time of the admission."

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 obtain a written physician's order for the use of full-bed rail for four out of six (Resident # 1, #4, #5 and #7) sampled residents.

Findings included:

Observation on at 10:00 AM showed that Resident #1, #4, #5 and #7 had full bed rails attached to their beds.

Record review on for Resident #1, #4, #5 and #7 did not have any written physician's order for the use of full bed rails. Further review showed that the residents were not receiving hospice care.

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Interview conducted at 2:45 PM, administrator acknowledges the findings and she stated, "I do not have the physician's order for the full bed rail in their records".

Class III

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

Based on record review and interview the facility failed to ensure 1 out of 6 residents (Resident #1) had complete health assessments that specified whether the individual required any assistance with the administration of medications.

Findings included:

Record review revealed that Residents #1's health assessment did not specify whether the resident required any assistance with the administration of medications.

Interviewed on at 2:45 PM, the Administrator confirmed that the health assessment for Resident #1 did not specify whether the resident needed assistance with administration of medications.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to complete and submit one day and fifteen-day adverse incident report for one out of six sampled residents (Resident #1).

Findings Include:

Review of Resident #1's record document she was admitted to the facility on and had a diagnosis of , , , , , , , , , and . The progress notes documented "Resident #1 was in her bed ready for sleep on at 7:00 PM. She got up and took her cane. She slipped on the floor next to her bed. When workers tried to get her up, she started to scream with pain. We called 911 and she was transferred to the hospital. She was operated on for hip replacement on . She returned to the facility on ."

Interviewed on at 2:10 PM, the Administrator stated "Resident #1 and was transferred to the hospital. I was informed that I do not need to submit one day and fifteen-day adverse incident report."

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

Based on observation, record review and interview, the facility failed to register two out of three sampled staff on the facility's roster in the Background Screening Clearinghouse Database (Staff B and Staff C).

Findings Include:

Observation on . . . . at 10:00 AM showed Staff B and C were caring for the residents and providing personal services to them.

Staff schedule review showed that Staff B and Staff C were scheduled to work at the facility.

A review of the facility's roster in the Background Screening Clearinghouse Database showed that the facility did not register Staff B and Staff C.

Interviewed on . . . . at 2:30 PM, the Administrator confirmed the findings.

Unclassified.

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

Based record review and interview, the facility failed to maintain a signed Attestation of Compliance with Background Screening form in the personnel record for two out of three sampled employees (Staff B and Staff C) .

Findings included:

Personnel file review showed that Staff B and Staff C did not have the Attestation of Compliance with Background Screening form in their files.

Interview conducted . . . . at 2:45 PM, administrator confirmed that Staff B and Staff C did not have the attestation of compliance form in their files.

Unclassified