

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968470	(X3) DATE SURVEY COMPLETED 03/02/2017
NAME OF PROVIDER OR SUPPLIER REDLAND ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 20555 SW 187 AVE MIAMI, FL 33187	

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

Z827 - Unlicensed Activity - 408.812 FS

Based on observations, interview, and record review the licensed provider (Redland Assisted Living Facility located at 20555 SW 187 Ave, Miami, FL 33187. License 12377) was found to be operating an unlicensed assisted living facility at 17010 NW 54 Ave, Miami Gardens, Florida by knowingly placing a Redland Daycare participant at the unlicensed facility and providing personal care services and assistance with self-administration of medication for 2 of 7 sampled residents (residents #6 & #7).

Findings include:

In an interview with Staff F on _____ at 10:45 AM, he stated that his wife, Staff B, was operating the undefined facility as well as Redland Assisted Living Facility (ALF) and Casa Vivebien, Inc (license 12438).

In an observation of the locked medication closet in the undefined facility on _____ at 10:50 AM, the closet contained the medications for residents #2, #6, & #7. In an observation of resident #2, #6, & #7's medication at this time, the medication package read, "Redland ALF".

A review of the admission and discharge log for Redland indicated that resident #2 lived at the licensed Redland ALF location since _____.

In an interview on _____ at 10:55 AM, resident #6 stated that she had lived at the undefined facility for a few months. Resident #6 stated that she received meals, personal care services and assistance with medication from Staff B and Staff E at the undefined facility.

In an observation on _____ at 11:00 AM at the undefined facility, resident #7 was present at the location. She was unable to respond to interview questions at this time due to mental and/or _____ condition.

In an interview with Staff B on _____ at 2:25 PM, she stated that resident #7 has not lived at either of the licensed locations for 4 or 5 months. In an interview at this time, Staff B stated that resident #6 used to live at one of the licensed locations but no longer lives at the licensed location. Redland's admission and discharge log did not list resident #6 nor #7.

In an interview with Staff B on _____ at 2:50 PM, she stated that there are three residents living at the undefined facility who are receiving meals, medication assistance and personal care services. In an interview at this time, Staff B stated that she goes between three sites: the undefined facility, Redland ALF and Casa Vivebien Inc.

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In an interview with Staff A on at 3:00 PM, she stated that resident #7 lived at the undefined facility and received personal care services, meals and assistance with medications. In an interview at this time, Staff A stated that resident #6 was a day care participant at Redland and that the resident used to live with her husband. Staff A stated that when resident #6's husband , resident #6 went to live at the unlicensed location. In an interview with Staff A on at 3:00 PM, she stated that she submitted paperwork to Agency for Healthcare Administration to license the undefined facility. A review of the pharmacy delivery records indicated that residents #6, #7 and #8, who live at the undefined facility, have their medications delivered to Redland ALF. In an interview with Staff B on at 3:25 PM, she stated that she transports residents, their medications and belongings to and from the three sites: undefined facility, Redland ALF and Casa Vivebien, Inc. In an observation on at 10:55 AM, agency observed resident #6 living at the undefined facility. A review of agency records indicated that resident #6's Medicaid claims data listed resident #6's address as 20555 SW 187th Ave, Miami, FL, which is the address for Redland ALF. In addition, the data revealed that Redland ALF billed for Assistive Care Services in the past 12 months for resident #6. A review of agency records indicated that Staff B's Medicaid claims data listed Staff B's address as 17010 NW 54th Ave, Miami Gardens, FL, which is the address for the undefined facility. Unclassified		

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0000 - Initial Comments

A monitoring survey was conducted at Redland Assisted Living Facility (license 12377) at 20555 SW 187th Avenue, Miami, Florida on ... and concluded on ... The monitoring visit was related to complaint investigation (CCR 2017001439) related to unlicensed activity at 17010 NW 54th Avenue, Miami, Florida on ... Deficient practice was found at the time of the monitoring visit.

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interviews the facility placed 6 of 6 residents at-risk (Resident #1, #2, #3, #4 #5 and #6) by failing to provide documentation the administrator had completed the CORE competency test.

Findings include:

On ... at 3:00 PM in an interview with Staff A, Staff A stated she was the administrator of the facility.

On ... during a record review of the Florida Agency for Health Care Administration Web Site, Florida Health Finder, it documents the administrator for the facility is Staff A.

On ... during a record review of Staff A's employee file, the file documents Staff A was hired in ... 2013. Staff A's file provides a certificate stating Staff A completed 26 hours of CORE training on ... The certificate located in Staff A's file does not list the organization providing the training or documentation Staff A had completed the competency test. Staff A's file does not provide documentation of Staff A having completed the required 12 hours of continuing education training every two years.

On ... at 3:30 PM in an interview with Staff A, Staff A stated she could not provide documentation of having completed the competency test for CORE.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and interview the facility failed to properly document CORE required training for the facility administrator.

Findings include:

On ... during a record review of Staff A's employee file, the file provided a certificate stating Staff A

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had completed 26 hours of CORE training. The certificate did not list the organization who provided the training, the subject matter, date of training or training agenda as required. On at 3:30 PM in an interview with Staff A, Staff A stated she did not have any of the missing items which are required to document staff training. Staff A stated she did not have copies stating she had passed the CORE exam. Class III		