STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966915	**03/16/2017**
NAME OF PROVIDER OR SUPPLIER **DIAZ HOME CARE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13481 SW 268 TERRACE** **HOMESTEAD, FL 33032**	

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

0000 - Initial Comments

A complaint survey was conducted started on , 2017 through , 2017 (CCR #2017000609 and #2017000461) . Diaz Home Care Alf, Inc., with limited mental health component and license number 11119, had the following deficiencies identified at the time of the survey:

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

Based on record review and interview, the Assisted Living Facility failed to maintain an updated written record for two out of nine sampled residents (#5 and #6) .

Findings included:

1. A review of Resident #5's record revealed that the resident's admission date was on and discharge date was . The facility did not have any documentation that showed what happened. There was no progress note.

Interviewed on at 10:19 AM the Administrator stated, "Resident #5 was admitted and the same evening I called the police for her. She was aggressive and tried to hit Resident #1 but the staff stood between them. Police took her to the Hospital. The hospital called me next day really early in the morning for discharge and I explained the representative that rest of residents were and by taking her back I will put the rest of residents at risk; in the conditions that Resident #5 was, she could not return to the ALF (Assisted Living Facility). The woman who called was really disrespectful and told me that was not her business and if I did not take the resident back she would call state agencies." On further interview at 11:24 AM the Administrator revealed that Resident #5 returned to the facility after discharge and took all her belongings including the facility's documentation for her.

Review of Resident #5's hospital record on revealed that Resident #5 went to the hospital and was admitted on on but discharged on . The chief complaint was , . History of present illness showed that the resident was having , because some workers were bothering her while in the hospital. She felt better and wanted to return to the ALF. Reason for visiting the hospital was , and final diagnosis at the time of discharge was . A nursing note completed on at 2:44 AM revealed that resident attempted to return to ALF but ALF owner refused to take the resident.

2. A review of Resident #6's record revealed that the resident's admission date was on , and discharge date was on . Health assessment (AHCA form 1823) completed on revealed that medical history and diagnoses were: abnormal involuntary movement, orofacial dyskenesia,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966915	03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAZ HOME CARE ALF, INC	13481 SW 268 TERRACE HOMESTEAD, FL 33032

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

dyskenesia drug ; special precautions were that resident needed assistance and supervision on all activities of daily living due to multiple diagnoses. Resident needed assistance for ambulation, bathing, dressing, eating, self-care (,), and toileting, and needed supervision for transferring. There was a progress note on revealing that the resident had a good appetite and ate a lot but she was losing weight. The resident was very , and every day had a loss control of her movements. A progress note dated showed that the resident had very good appetite and was alert.

Interviewed on at 11:49 AM, the Administrator revealed that Resident #6 went to Homestead hospital due to a . The resident's husband decided to move her to another ALF closer to his home in Miami Beach. Her husband took care of her. He used to come and visit her every week.

Interviewed on at 11:59 AM via telephone, Resident #6's husband revealed that she lost weight and was falling continuously while she lived in the facility because she needed assistance. He further stated that since the facility changed owners, Resident #6 had multiple times. Resident #6 went to the hospital after the last in facility, and she had liquid in one lung, which made her go under surgery. He said that she did good after that and was living with him.

An interview on at 12:11 PM with the Administrator revealed that Resident #6 just one time in the facility and one time in her husband's home. The date that Resident #6 in the facility, they called the rescue and sent resident to the hospital. Resident #6 used to have unsteady gait but , what is a , she just had one.

A review of Resident #6's hospital record on revealed that her admission to hospital was on with chief complaint that resident arrived from an ALF (Assisted Living Facility) with complaint of multiple time 3 year. Associated diagnoses: gait instability; multiple ; multiple ; volume depletion; HCAP (Healthcare-associated ,); on left. The record described the history as: the happened in the ALF 5 times. Resident complained about left hip pain. Resident was at the time of arrival.
Physical examination at the time of arrival to the hospital showed that resident's chest wall on the left lateral was tenderness. Chest X-Ray completed on showed no , no , but there was atelectasis to the left lung. Cerv spine CT without contract completed on 11/ showed loculated left , . Chest CT without Contract completed on 11/ showed: 1. Airspace and thickening in the left lower reflecting , . 2. Moderate sized loculated left , . Resident's discharge instructions on showed the diagnosis of , .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966915	03/16/2017
NAME OF PROVIDER OR SUPPLIER **DIAZ HOME CARE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13481 SW 268 TERRACE** **HOMESTEAD, FL 33032**	

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

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review and interview, the Assisted Living Facility failed to provide at least 45 days' notice of relocation or termination of residency from the facility for one out of nine sampled residents (Resident #5).

Findings included:

Review of Resident #5's record revealed that the resident's admission date was on and discharge date was . The facility did not have any documentation that showed what happened. There was no progress note. There was no certification from a doctor showing that Resident #5 needed emergency removal to a more skilled level of care.

An interview on at 10:19 AM the Administrator stated, "Resident #5 was admitted and the same evening I called the police for her. She was aggressive and tried to hit Resident #1 but the staff stood between them. Police took her to the Hospital. The hospital called me next day really early in the morning for discharge and I explained the representative that rest of residents were and by taking her back I will put the rest of residents at risk; in the conditions that Resident #5 was, she could not return to the ALF (Assisted Living Facility). The woman who called was really disrespectful and told me that was not her business and if I did not take the resident back she would call state agencies." On further interview at 11:24 AM the Administrator revealed that Resident #5 returned to the facility after discharge and took all her belongings including the facility's documentation for her.

Review of Resident #5's hospital record on revealed that Resident #5 went to the hospital and admitted on but discharged on . Chief complaint of . History of present illness showed that resident was having , because some workers were bothering her while in the hospital felt better and wanted to return to the ALF. Reason for visiting the hospital was , and final diagnoses at the time of discharge was .
Nursing note completed on at 2:44 AM revealed that resident was attempted to return to ALF but ALF owner refused to take the resident.

Class III

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

Based on observation, record review and interview, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966915	03/16/2017
NAME OF PROVIDER OR SUPPLIER DIAZ HOME CARE ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 13481 SW 268 TERRACE HOMESTEAD, FL 33032	

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

Findings included:

Observation on . . . . at 8:27 AM revealed that Caregiver B was in the facility taking care of four residents.

Interviewed on at 9:30 AM, Caregiver B revealed that she was alone in the facility taking care of four residents because the other two residents were at their programs.

Review of . . . 2017's staff schedule revealed that on . . . . Caregiver B and Caregiver C scheduled from 7 AM to 3 PM and Administrator scheduled from 7 PM to 7 AM.

Interviewed on at 10:11 AM, the Administrator stated in reference to Caregiver C, "Her mom had surgery and she will be back tomorrow."

Class III

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

Based on record review, interview and observation, the Assisted Living Facility failed to have an up-to-date admission and discharge log.

Findings included:

Review of facility's record revealed that Resident #8's admission date was but it did not show discharge date.

An interview on . . . . at 10:13 AM the Administrator stated, "Resident #8 is no longer a resident here. She started aggressive behavior and we had to call police. She was discharge on ."

Class III

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

Based on record review and interview, the Assisted Living Facility failed to have a resident record on hand in the facility for one out of nine sampled residents (#5) .

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966915	03/16/2017
NAME OF PROVIDER OR SUPPLIER **DIAZ HOME CARE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13481 SW 268 TERRACE** **HOMESTEAD, FL 33032**	

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

1. Aeview of Resident #5's record revealed that Resident #5's admission date was on and discharge date was . There was no resident record for Resident #5 at the time of the survey on the facility.

Interviewed on at 10:19 AM the Administrator stated, "Resident #5 was admitted and the same evening I called the police for her. She was aggressive and tried to hit Resident #1 but the staff stood between them. Police took her to the Hospital. The hospital called me next day really early in the morning for discharge and I explained the representative that rest of residents were and by taking her back I will put the rest of residents at risk; in the conditions that Resident #5 was, she could not return to the ALF (Assisted Living Facility). The woman who called was really disrespectful and told me that was not her business and if I did not take the resident back she would call state agencies." On further interview at 11:24 AM the Administrator revealed that Resident #5 returned to the facility after discharge and took all her belongings including the facility's documentation for her.

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 Assisted Living Facility failed to report one incident to AHCA for two (Residents #6 and #5) out of nine sampled residents, when resident condition required them to be transported to a unit providing more acute care due to the incident, rather than the resident's condition before the incident .

Findings included:

1. Review of Resident #6's record revealed that Resident #5's admission date was on , and discharge date was on . Health assessment (AHCA form 1823) completed on revealed that medical history and diagnoses were: abnormal involuntary movement, orofacial dyskenesia, dyskenesia drug ; special precautions were that resident needed assistance and supervision on all activities of daily living due to multiple diagnoses. Resident needed assistance for ambulation, bathing, dressing, eating, self-care ( ), and toileting, and needed supervision for transferring. There was a progress note on revealing that resident had a good appetite and ate a lot but she was losing weight. Resident was very and every day have loss control of her movements. showed that resident had very good appetite and was alert.
Facility had an internal report that on at 8:50 AM in the living #6 watched TV but was very waiting for husband who was coming to picked her up. Resident #6 got up from the couch to go to the , tripped with her feet, and . Resident #6 complained of hip pain. Facility called rescue who decided to take her to the hospital for ruling out a .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966915	**03/16/2017**
NAME OF PROVIDER OR SUPPLIER **DIAZ HOME CARE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13481 SW 268 TERRACE HOMESTEAD, FL 33032**	

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

Facility did not complete an adverse incident report with AHCA.

An interview on at 11:59 AM via telephone the Resident #6's husband revealed that Resident #6 lost weight and was falling continuously while lived in the facility because she needed assistance. Since the facility changed owner, Resident #6 multiple times. Resident #6 went to the hospital after the last in facility, and she had liquid in one long, which made her go under surgery. She did good after that and was living with him.

An interview on at 12:11 PM the Administrator revealed that Resident #6 just one time in the facility and one time in her husband's home. The date that Resident #6 in the facility, they called the rescue and sent resident to the hospital. Resident #6 used to have unsteady gait but , what is a , she just had one.

Review of Resident #6's hospital record on revealed that Resident #6's admission to hospital was on with chief complaint that resident arrived from an ALF (Assisted Living Facility) with complaint of multiple time 3 year. Associated diagnoses: gait instability; multiple ; multiple ; volume depletion; HCAP (Healthcare-associated ,); on left. Record described the history as: the happen in the ALF 5 times. Resident complained about left hip pain. Resident was at the time of arrival.
Physical examination at the time of arrival to the hospital showed that resident's chest wall on the left lateral was tenderness. Chest X-Ray completed on showed no , no , but there was atelectasis to the left lung. Cerv spine CT without contract completed on 11/ showed loculated left , . Chest CT without Contract completed on 11/ showed: 1. Airspace and , thickening in the left lower reflecting , . 2. Moderate sized loculated left , . Resident's discharge instructions on showed the diagnosis of , .

2. Review of Resident #5's record revealed that Resident #5's admission date was on and discharge date was . Facility did not have any documentation that showed what happened. There was no progress note.
Facility did not complete an adverse incident report with AHCA.

Interviewed on at 10:19 AM, the Administrator stated, "Resident #5 was admitted and the same evening I called the police for her. She was aggressive and tried to hit Resident #1 but the staff stood between them. Police took her to the Hospital."

An interview on at 2:06 PM the Administrator revealed that he knew that he needed to

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966915	**03/16/2017**
NAME OF PROVIDER OR SUPPLIER **DIAZ HOME CARE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13481 SW 268 TERRACE** **HOMESTEAD, FL 33032**	

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

complete them but he did not do them.

Class III