STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964588	**03/22/2017**
NAME OF PROVIDER OR SUPPLIER **AILIN LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **7005 W 16TH AVE** **HIALEAH, FL 33014**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , 2017. Ailin Living Facility Inc. (License # 9144) with Limited Mental Health component had deficiencies identified at the time of the survey.

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 within 30 days of admission to the facility for 1 out of 5 sampled residents (Resident # 1).

Findings:

Review of the admission/discharge log revealed that Resident #1 was admitted to the facility on .

Review of Resident # 1's record revealed that the last health was completed on .

On at 11:00 am the administrator stated that the last health assessment was completed at the time the resident was daycare and she thought that since he had no significant changes she did not need a new one when he became a resident.

On at 11:42 am the primary care physician for Resident # 1 to the facility to check on the resident. He conducted a new health assessment for the resident during the time of the survey.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on interview nd record review the facility failed to have an updated health assessment for 1 out of 5 sampled residents who had changes in condition (Resident #2).

Findings included:

On at 9:40 am Resident #2's wife stated that the nurse comes twice a day to give the medications to her husband.

The last health assessment for Resident #2 dated , stated that the resident was placed under hospice services; also stated that the resident requires assistance with self-administration of

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medications and he actually requires medication administration, also states that the resident is non-verbal and the resident was able to speak.

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 have a signed consent for the use of bed rails for 1 out of 5 sampled residents (Resident # 2).

Findings included:

During tour of the facility on at 8:40 am observed Resident # 2 in bed with full side rails up.

Record review of Resident # 2 revealed that he was receiving hospice services and had a prescription for full side rail written by his hospice's doctor. Also revealed that there was a consent signed by his wife for the use of half bed rail but there was no consent for use of full side rail.

On the administrator stated at 11:52 am that she will tell Resident #1's wife to sign the consent for full side rail.

Class III

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

Based on record review and interview the facility failed to provide evidence of a negative statement on an annual basis for 1 out of 4 sampled employees (Staff C).

Findings:

Review of Staff C personnel record revealed that the last statement was dated . The facility failed to provide evidence of a negative statement on an annual basis for Staff C.

The administrator stated on at 2:22 pm, "Staff C is at the doctor today, she must have it."

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to ensure that staff that who are in direct contact with mental health residents complete a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months of being hired for 2 out of 4 sampled employees (Staff C and D).

Findings included:

Review of the admission / discharge log revealed that Resident #3 was identified as Limited Mental Health.

Review of the personnel record of Staff C revealed that she was hire on . Review of the personnel record of Staff D revealed that she was hire on . Staff C and D did not have a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months of being hired.

On at 2:25 pm the administrator stated regarding Staff C, "I will ask her because she probably had it at the place she used to work at."

On at 2:40 pm the administrator stated regarding Staff D, "I did know that it had been already 6 months. She also stated, "I will make appointments for the 3 of them to take the class because Staff B will also needed soon.

Class III