

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 04/18/2017  
FORM APPROVED

|                                                                  |                                                                                         |                                                     |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968641</b>             | (X3) DATE SURVEY COMPLETED<br><br><b>04/07/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW AGE ADULTCARE INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1105 W 2ND AVENUE<br/>HIALEAH, FL 33010</b> |                                                     |

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

**0000 - Initial Comments**

A Complaint Survey (CCR #2017001156) was conducted on \_\_\_\_\_ and concluded on \_\_\_\_\_  
New Age Adultcare Inc, license #12526, had deficiencies at time of the survey.

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

Based on observations, record review, and interview the assisted living facility failed to provide personal supervision for 1 out of 3 (#1) sampled residents that was found on the floor. The facility failed to observed the activities of the residents while on premise for 1 out of 3 (#1) sampled residents. Facility failed to increase staff above the minimum levels to provide adequate supervision and care to the residents.

Findings Include:

The facility tour on \_\_\_\_\_ at 9:00 AM showed that the facility had two stories (floors 1 and 2). Resident #1 resided in # \_\_\_\_\_ on the first floor. Staff I, caregiver; Staff H, housekeeper and Staff E, cook were in charge of the facility during the survey.

Observation on \_\_\_\_\_ at 12:10 PM showed Resident #1 was ambulating with cane assistance.

Record review for Resident #1 found that she was admitted to the facility on \_\_\_\_\_. Her Health Assessment dated \_\_\_\_\_ indicated the resident was diagnosed with \_\_\_\_\_ and \_\_\_\_\_ by the physician. She is independent with eating and needs assistance with the rest of the activities of daily living.

Facility incident report showed Resident #1 was found on the floor and complaining about her head. The staff assisted her and called 911. Her physician was notified and the resident was transferred and admitted to the hospital for a follow up on \_\_\_\_\_ at 2:30 PM. Hospital record review showed Resident #1 was admitted to the hospital on \_\_\_\_\_ complaining of "Post \_\_\_\_\_ head \_\_\_\_\_" and discharged on \_\_\_\_\_.

Facility policies and procedures review showed that the facility staff completed rounds every two hours. Review of facility rounds showed documentation of one round conducted on \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ without time of the observation.

Interview conducted with Staff H on \_\_\_\_\_ at 11:05 AM stated, "I am the facility housekeeper. We have residents that needs assistance for two staff with their bath, changing their adult brief, transfer,

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW AGE ADULTCARE INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1105 W 2ND AVENUE<br/>HIALEAH, FL 33010</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                                                     |
| <p>ambulation and reposition in their beds. Staff I called me when she needs that I help her with resident's needs. I check residents' frequently but I do not document the rounds. An inspector, another staff and I found Resident #1 on the floor two months ago. We called 911. Rescue said we needed to call an ambulance to transfer her to the hospital. We called an ambulance and she was transferred to the hospital."</p> <p>Interview conducted with Staff I on at 11:10 AM stated, "I assist the residents with their bath, dressing, changing adult diapers, transfer, ambulation and reposition in their beds. The facility has one hospice resident, four wheelchair bound residents, six residents that needs bath assistance and five residents that use adult brief. Some of them need assistance for two staff with their activities of daily living. I assist them by myself and sometimes I ask Staff H to help me. I check resident's but I do not document the rounds."</p> <p>Interview conducted on at 12:30 PM, the administrator stated, "Facility policies and procedures regarding rounds was developed after Resident #1 was found on the floor by the staff. The staff only completed the form at the end of their shift but they do rounds every two hours. I am in the process to create a new form that the staff could document the rounds every two hours. I am in the process of reviewing applications and interviewing new at this time. The facility has staff all the time.</p> <p>Facility record review showed there were no time sheets available for review for the month of in the facility.</p> <p>There is no documentation of any intervention created to minimize Resident's #1 in her record.</p> <p>Class III</p> |                                                                                         |                                                     |