

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964967	(X3) DATE SURVEY COMPLETED 04/07/2017
NAME OF PROVIDER OR SUPPLIER U M E FAMILY CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 7960 SW 36 STREET MIAMI, FL 33155	

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

0000 - Initial Comments

An Abbreviated Biennial survey was conducted on . U M E Family Corp, license #9585 had the following deficiencies at time of the survey:

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, record review, and interview, the facility failed to ensure that only licensed personnel administered medications to 3 out of 7 sampled residents (#2, #3, and #5).

Findings included:

On at 8:30 A.M. observed Residents #2, #3, and #5 receiving breathing treatment in the living

During an interview on at 8:34 A.M. Staff C stated that she prepared the machines. Staff C reported, "I put the amount of liquid that the residents needed in the machine and the residents put their cannula on their faces."

Review Staff C's personnel file revealed staff was not a licensed personnel who could administered medications to residents.

During an interview on at 11:25 A.M., the Administrator acknowledged deficiencies found during survey.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to keep medications locked at all times.

Findings included:

During a facility tour with the Administrator on at 9:20 A.M. found unlocked prescribed and over the counter (OTC) medications in # (by staff and resident). The medications were Centrum Silver, Meprobamato, PV2, and 500.

On at 9:20 A.M. Staff C stated, "this is my medication that a brought it from another country."

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964967	(X3) DATE SURVEY COMPLETED 04/07/2017
NAME OF PROVIDER OR SUPPLIER U M E FAMILY CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 7960 SW 36 STREET MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
On at 9:20 a.m. the Administrator removed unlocked medication from my hands. She stated, "this is Staff C's deficiencies not from the assisted living facility (ALF)." Class III 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on observation, record review, and interview, the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. The facility also failed to have qualified staff to meet the scheduled and unscheduled needs of the residents (census of 7, over licensed capacity). Findings included: Upon arrival to the facility on at 8:30 A.M. observed Staff D in the living Residents #2, #3, and # 5 receiving breathing treatments. Staff C was cleaning. Record review of the staffing schedule posted in the living the month of 2017, showed that on (which was dated - double entry) Staff B scheduled from 7:00 A.M. to 7:00 P.M., Staff E listed (record not provided while on survey), and Staff A- 7:00 A.M. to 7:00 P.M. Staff C and D's names were not listed. The administrator provided new scheduled for the month of 2017 During an interview on at 8:30 A.M. Staff D stated, "I'm working here but the only thing that I do is cook the food." Personnel record review for Staff Revealed that staff was hired a one week ago. Staff C did not have a completed employment application, training or background screening documentation. Staff D did not have personnel record for review. During an interview on at 12:35 P.M., Staff C stated in front of the Administrator, "I'm going to be honest with you Staff D was here helping me because I had a resident that gave me hard time to get up from bed and I needed another person to help me out." Class III 0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC Based on observation, record review, and interview, the facility failed to have completed personnel records for 2 out of 5 sampled staff (C and D).		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964967	(X3) DATE SURVEY COMPLETED 04/07/2017
NAME OF PROVIDER OR SUPPLIER U M E FAMILY CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 7960 SW 36 STREET MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Findings included: Upon arrival to the facility on at 8:30 A.M. observed Staff D in the living Residents #2, #3, and # 5 receiving breathing treatments. Staff C was cleaning. During an interview on at 8:30 A.M. Staff D stated, "I'm working here but the only thing that I do is cook the food." Personnel record review for Staff Revealed that staff was hired a one week ago. Staff C did not have a completed employment application, training or background screening documentation. Staff D did not have personnel record for review. During an interview on at 12:35 P.M., Staff C stated in front of the Administrator, "I'm going to be honest with you Staff D was here helping me because I had a resident that gave me hard time to get up from bed and I needed another person to help me out." Class III 0162 - Records - Resident - 58A-5.024(3) FAC Based on observations and record review, the facility failed to had physician order to received breathing treatments for 1 out of 7 (#2) sampled resident. Findings included: On at 8:30 A.M. observe Residents #2 receiving breathing treatment in the living Review of Resident #2's file revealed the facility did not have physician order to received treatment. On at 11:25 A.M. observed the Administrator contacting Resident #2 physician to requested order for the Class III		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964967	(X3) DATE SURVEY COMPLETED 04/07/2017
NAME OF PROVIDER OR SUPPLIER U M E FAMILY CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 7960 SW 36 STREET MIAMI, FL 33155	

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on observation, interview, and record review, the facility failed to ensure that 1 out of 5 sampled staff (C) had a level 2 background screen and signed attestation on file.

Findings included:

On at 8:30 A.M. observed Residents #2, #3, and #5 receiving breathing treatment in the living

During an interview on at 8:34 A.M. Staff C stated that she prepared the machines. Staff C reported, "I put the amount of liquid that the residents needed in the machine and the residents put their cannula on their faces."

Observation on at 8:30 A.M. found Staff C cleaning residents'

A reviewed personnel files for Staff C's revealed that staff was hired one week ago. Staff C did not have an eligible background screening or signed attestation form on file.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, record review, and interview, the facility failed to obtain an eligible Level II background screening for 1 out of sampled staff (D) who provided care and services to residents.

Findings included:

Upon arrival to the facility on at 8:30 A.M. observed Staff D in the living Residents #2, #3, and # 5 receiving breathing treatments.

During an interview on at 8:30 A.M. Staff D stated, "I'm working here but the only thing that I do is cook the food."

Record review found Staff D did not have personnel record for review.

During an interview on at 12:35 P.M., Staff C stated in front of the Administrator, "I'm going to be honest with you Staff D was here helping me because I had a resident that gave me hard time to get

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964967	(X3) DATE SURVEY COMPLETED 04/07/2017
NAME OF PROVIDER OR SUPPLIER U M E FAMILY CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 7960 SW 36 STREET MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
up from bed and I needed another person to help me out." Unclassified Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS Based on observation, interview, and record review, the facility failed to ensure that 1 out of 5 sampled staff (C) did not have a 90 day break in service. Findings included: On at 8:30 A.M. observed Residents #2, #3, and #5 receiving breathing treatment in the living During an interview on at 8:34 A.M. Staff C stated that she prepared the machines. Staff C reported, "I put the amount of liquid that the residents needed in the machine and the residents put their cannula on their faces." Observation on at 8:30 A.M. found Staff C cleaning residents' A reviewed personnel files for Staff C's revealed that staff was hired one week ago. Staff C did not have a complete record including an employment application with references and job history. The facility did not have any documentation to show that Staff C did not have a 90 day break in service. Unclassified Z828 - Administrative Fines; Violations - 408.813(3) FS Based on observation and record review and interview, the facility failed to obtain a licensure capacity increase prior to providing personal care and meals to seven residents. The facility provided services to residents seven residents over its licensed capacity of six. Findings included: A tour of the facility was conducted on at 8:30 A.M. Staff C stated we have seven residents in the house and all of them receiving housing and meals. Observations found the staff (#3) with men's clothing in the closet. Facility finder review showed that the facility was licensed for 6 beds.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964967	(X3) DATE SURVEY COMPLETED 04/07/2017
NAME OF PROVIDER OR SUPPLIER U M E FAMILY CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 7960 SW 36 STREET MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Review of Resident #7's record revealed the facility identified the resident as a daycare participant. The admission book showed he was admitted on . The daycare participant contract revealed that client shall be drop off at 8:00 A.M. and pick up by 6:00 P.M. The record contained daycare progress note and a health assessment dated that revealed Resident #7 needed assistance with ambulation, bathing, dressing, toileting and transferring and with self-administration of medication. During an interview on at 10:02 A.M. Resident #7's family member stated that he is living there for 5 or 6 years. He stated that the father slept their last night at the facility because he had an issue with his work. Unclassified		