STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968963	04/13/2017
NAME OF PROVIDER OR SUPPLIER **LITTLE HAVANA LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2028-2030 NW 5 ST** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A Complaint Survey (CCR # 2017001511 and 2017002275) was conducted at on . Little Havana Living with Limited Mental Health component, license # 12839 had the following deficiencies found at the time of the survey:

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

Based on observation, interview and record review, the Assisted Living Facility failed to obtain an updated health assessment which accurately reflected the resident's health condition after a for 1 out of 9 sampled residents (Resident #1).

Findings included:

On at 8:52 A.M., observed that Resident #1 had a bump on the left side of his forehead.

In an interview on at 8:52 A.M. Resident #1 stated "I did . I do not remember when it happened but staff found me on the floor, they took me to the hospital but nothing happened."

A review of Resident #1's record revealed that the last health assessment (AHCA form 1823) was completed on and it showed that Resident #1 had diagnoses of , , , and chronic . He also had a history of accident ( ) with , and hematoma. The resident was independent with ambulation, eating and transferring, and needed supervision with bathing, dressing, self-care and toileting. Resident #1's file revealed that he went to the hospital on for hematuria and . Subsequently on at 5:28 A.M. Resident #1 was transferred to the hospital for a with head injury, and the diagnosis was closed head injury without point of care (POC). There was no documentation of ongoing contact with a health care provider including reassessment of health needs, after the .

During an interview on at 12:30 P.M. Staff B stated that health no new health assessment was done for Resident #1. She acknowledged that Resident #1 went to the hospital few times, but stated that his condition did not change.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to have documentation of a high school or GED completion for the new administrator.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

Record review found that there was no documentation of the Administrator's high school diploma or GED completion.

During an interview on at 12:40 P.M. Staff B acknowledged that there was no documentation of the administrator's high school diploma.

Class III

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

Based on observation, record review and interview the facility failed to have an accurate staffing schedule posted. The facility also failed to maintain minimum staff hours per weeks to meet resident needs.

Findings included:

During a tour of the facility on at 8:25 am, observed that the staffing schedule that was posted on the bulletin board was for the month of 2017. Four staff were listed, with scheduled work time totaling 160 hours.

A review of the admission and discharge log showed that the facility admitted nine residents, requiring 212 minimum hours of staffing.

During an interview on at 1:00 P.M. Staff B acknowledged that staffing scheduled posted was for the month of , 2017. She stated for , 2017, the same staff were working at the facility.

Class III

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

Based on record review and interview, the Assisted Living Facility failed to have an up-to-date admission and discharge log, fire inspection report, emergency management plan and department of health inspection report.

Findings included:

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A review of the admission and discharge log revealed that Resident #4's name was not listed and Resident #5 was discharge from the facility, with no date, reason or place of discharge identified. The facility's last fire inspection report was dated . The last health department inspection report was dated and the last emergency management plan was dated .

During an interview on at 1:10 P.M. Staff B, acknowledged that admission and discharge log was not updated, the facility last fire inspection report was dated , the last health department inspection report was dated and the last emergency management plan was dated . Staff B looked for other documentation, but none was provided.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review, and interview, the facility failed to ensure that 1 of 5 sampled employees had completed applications with references (Administrator) .

Findings included:

Record review found that there was no documentation of a completed employment application with references for Staff A (administrator) .

During an interview on at 12:40 P.M. Staff B acknowledged that the administrator's employment application was missing.

Class III

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

Based on observation, record review and interview, the facility failed to maintain documentation of an eligible Level II background screening result for 1 of 5 sampled staff (Staff D).

Findings included:

Observation on at 8:30 A.M. showed that Staff D was assisting residents with activities of daily living.

Record review of personnel records found there was no documentation of an eligible Level II background screening result for Staff D. The last background screening in the record was dated , and the result said "awaiting privacy policy."

A review of the background screening database revealed an eligible background screening for Staff D dated .

During an interview on at 12:43 P.M. Staff C reviewed Staff D's personnel file and acknowledged that there was no eligible Level II background screening result.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on observation, record review and interview, the facility failed to provide documentation of an attestation of compliance with background screening for 1 out of 5 (Administrator).

Findings included:

Record review showed the facility had no documentation of the attestation of compliance with background screening for the Administrator.

During an interview on at 12:40 P.M., Staff B acknowledged that the Administrator's file was missing the attestation of compliance with background screening.

Unclassified