STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966734	**04/06/2017**
NAME OF PROVIDER OR SUPPLIER **EXCELLENT CARE ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11960 SW 172 STREET** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Complaint Inspection Survey (CCR# 2017003269) was conducted on - . Excellent Care ALF with Limited Mental Health service component, license number 10946, 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, record review, and interview the facility failed to have an updated health assessment done by healthcare provider after a significant change for 1 out of 4 sampled residents (Resident # 3).

On at 11:13 AM observed Resident #2 had brown stains on his pants. Observed Staff B assist Resident #3 with a change of clothes in the . The Resident appeared to have soiled his pants, also observed feces on the floor on the side of his bed.

A review of Resident #2's health assessment (AHCA form 1823) dated revealed the resident had diagnoses of ASHD, , , , and , . The resident needed supervision with ambulation, bathing, dressing eating, self-care ( ), toileting, transferring. The resident needed assistance with self-administration of medications. Further review of resident's file did not have any documentation of any significant changes and did not have any documentation of the resident's progress notes.

On at 9:28 AM Interview with Resident #1 stated "This Resident #2 is always defecating on the floor and he leaves the dirty, and he wipes himself with our bath towels. The staff never uses to clean."

Class III

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

Based on observation, interview, and record review, the facility failed to provide care and supervision appropriate to the needs of residents for one out four sampled residents (Resident #2). The facility failed to provide appropriate supervision around activities of daily living for incontinence.

Findings include:

1)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966734	**04/06/2017**
NAME OF PROVIDER OR SUPPLIER **EXCELLENT CARE ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11960 SW 172 STREET** **MIAMI, FL 33177**	

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

On at 11:13 AM observed Resident #2 had brown stains on his pants. Observed Staff B assist Resident #2 with a change of clothes in the . The Resident appeared to have soiled his pants, also observed feces on the floor on the side of his bed.

A review of Resident #2's health assessment dated showed the resident had diagnoses of ASHD, , , , and , . The resident needed supervision with ambulation, bathing, dressing eating, self-care ( ), toileting, transferring. The resident needed assistance with self-administration of medications. Further review of resident's file showed that there was no documentation of any significant changes or any documentation of the resident's progress notes.

On at 9:28 AM Interview with Resident #1 stated "This Resident #2 is always defecating on the floor and he leaves the dirty, and he wipes himself with the towels. The staff never uses to clean.
On at 11:48 AM Interview with Staff B stated "This is the first time Resident #2 has done this; he has never soiled his pants before. "

12:50 PM Observed Staff B grab a a dust pan to pick up feces from the floor. The staff did not use any to clean in order to prevent the spread of .

Class III

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

Based on interviews and observation, the facility failed to honor resident rights to be treated with dignity and respect, free from for one of four sampled residents (Resident #1). Resident #1 was assaulted with a mop stick by a facility staff person (Staff C). The facility also forced four of four residents (Residents # 1-4) to go to other locations to eat dinner or get medicaitons because there was no staff to care for them at their own home.

Findings included:

On at 8:56 AM in an nterview, Resident #1 stated "I have been living here since .
There was one incident with a staff person, Staff C. She hit me several times with a mop handle and caused me to on my left wrist, as I tried to her she hit me several times on my left wrist."
Resident #1 further stated "She kept on telling me 'get away from me white boy'. This happened about three weeks ago. When I first met Staff C, we got along good, but I started making complaints about

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966734	**04/06/2017**
NAME OF PROVIDER OR SUPPLIER **EXCELLENT CARE ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11960 SW 172 STREET** **MIAMI, FL 33177**	

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

how she never followed the menu and that what she served was . She would cook at 4:00 pm and serve the food one hour later and by that time the food was . On the day of the incident, she got upset because I refused to buy her some lottery tickets, scratch off tickets. I usually go to the mall and next to it there is a mobile station and I buy my tickets there but this time I told her I was not going to the mobile station. I was not able to buy the tickets, so she became mad and while I was walking by the dining began to hit me with the mop handle and said 'get away from me white boy'. I told Staff B about it and Staff C was fired, but Staff B told me not to tell anyone because it would create a big problem."

A review of Resident #1's records and facility records showed Resident #1 was not offered medical or treatment after the allegded assault by Staff C.

A review of facility records showed that no investigation was conducted regarding the incident.

A review of Resident #1's file showed a health assessment dated documented the resident had the following diagnosis: prostatic hyperplasia ( ), ( ), , gait disturbance, and memory loss. The resident needed assistance with ambulation, bathing, dressing, self-care ( ), toileting, transferring, and supervision with eating. The resident needed assistance with self-administration of medications. Further review of the resident's file showed that there was no documentation of the alledged incident when Staff C physically assualted Resident #1.

A review of facility records and the incident report database showed that no incident report regarding the alledged of Resident #1 had been completed.

On at 9:20 AM Staff B stated "I am currently the caretaker because I had to fire Staff C because she would not prepare the food good and the residents were complaining, then Resident #1 told me Staff C hit him with the mop stick. I told the manager about it. I told the consultant about the incident but she told me that it was not necessary to report it and to just write a note in the resident's file. Resident #2 told me this happened about two or three weeks ago, he told me he didn't want to report it because he didn't want to get anyone in trouble."

2)
On at 8:25 AM arrived to the facility, observed Staff B, who stated she was the only staff in the facility.

On at 8:45 AM, Resident #4 stated "Sometimes they take us to the other house on 174

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966734	04/06/2017
NAME OF PROVIDER OR SUPPLIER **EXCELLENT CARE ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11960 SW 172 STREET** **MIAMI, FL 33177**	

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

Street because we go there to be with other residents there is a staff there. We are taken to this other ALF (assisted living facility) once a month, I would say, but I sleep here every night. I do not know why maybe Staff B needs to go out."

A review of Resident #4's Health assessment (AHCA Form 1823) dated showed resident suffers from , , ( ), , ( ). The Resident needed assistance with ambulation, bathing, dressing, self-care , toileting, and transferring, and supervision with eating. A review of Resident #4's Medication Observation Record (MOR) showed the resident had prescribed medication of 50 MG, , 1 MG, , 20 MG, and 50 MG.

A review of Resident #3's health assessment (AHCA Form 1823) dated , showed resident has diagnoses of ASHD, , , , , . The resident needs assistance with ambulation, bathing, dressing, eating, self-care ( ), toileting, transferring. Resident needs assistance with self-administration of medications. A review of Resident #3's Medication observation record showed the resident has prescribed medication of Aspir-Low 81 MG, , 250 MG, , 50-200 MG, , 10 MG, and eye drops.

On at 8:56 AM, Resident #2 stated "Staff B usually takes us in the van to the other facility because there is no one to watch us here. We usually go to the other facility and there is a staff there. We went there yesterday we watched a game and there was food."

A review of Resident #2's file revealed AHCA health assessment dated ; the resident has diagnosis of ASHD, , , , and , . The resident needs supervision with ambulation, bathing, dressing eating, self-care ( ), toileting, transferring. The resident needs assistance with self-administration of medications. Further review of resident's file did not have any documentation of any significant changes and did not have any documentation of the resident's progress notes. A review of Resident #2's Medication Observation Record (MOR) showed the resident has prescribed medication of , 2 % ointment, Aspir-Low 81 MG, , 10 MG, , 5 MG, , 800 MG, , 200 MG, and 20 MG.

On at 9:20 AM Staff B stated, I am currently the caretaker because I had to fire my staff C."

A review of the facility's staff schedule revealed Staff C was scheduled from 7:00 AM - 7:00 PM and Staff B was scheduled from 7:00 PM - 7:00 AM.

On at 9:31 AM Resident #4 stated "They do take us to the other ALF for lunch or dinner, we

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966734	**04/06/2017**
NAME OF PROVIDER OR SUPPLIER **EXCELLENT CARE ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11960 SW 172 STREET** **MIAMI, FL 33177**	

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

went there yesterday. There is food here, but we go to the other ALF because there is a staff person there.If Staff B needs to go out, they take us to the other ALF."

On . . . . . at 3:38 PM Resident #1 "Yes we go to the other facility when Staff B is busy; we usually have our meals there. They usually take us in the van".

On at 8:00 AM, another State Agency investigator was waiting to enter the facility and observed the staff person coming to work. There was no other staff person on duty at the facility, so the residents had been left alone until this staff arrived.

On at 6:47 PM, Staff B stated "When I have an appointment I usually would leave the residents with Staff E. I do not have records for her because we keep them in another facility."

On . . . . . at 2:33 PM Staff A stated "Yes, I am the administrator, but I do not go there every day.
Class I

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review, observation and interview the facility failed to follow the correct procedures when assisting 1 out of 4 sampled residents with self-administration of medications (Resident #4).

On . . . . . at 8:30 AM Observed Staff B handed the medication to Resident #4 and the resident proceed to take the medication on her own.

On at 8:32 AM Staff B stated "Resident #4 is able to take her own medication; I usually just handed to her."

A Review of Resident #4's file showed AHCA Health Assessment dated . . . . . had marked "Resident needs assistance with Self-Administration of Medications."

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe living environment for 4 out of 4 sampled residents. The facility had a strong odor in the facility; there were brown stains on the floor of human feces, broken chairs, kitchen cabinets without handles, and dirty dishes cluttered in the sink and kitchen.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966734	04/06/2017
NAME OF PROVIDER OR SUPPLIER **EXCELLENT CARE ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11960 SW 172 STREET** **MIAMI, FL 33177**	

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

Findings Included:

On at 8:34 AM during facility tour observed feces on the floor by the bed where Residents bed was. There was a strong feces odor in the facility and in resident #3's . Observed a chair in the dining resident's sit had a broken arm, facility was not clean, the kitchen area had several dirty dishes in the sink and kitchen cabinets were missing handles.

12:50 PM Observed Staff B grab a a dust pan to pick up feces from the floor. The staff did not use any to clean in order to prevent the spread of .

On at 9:20 AM interview with Staff B stated "I am currently the caretaker because I had to fire Staff C because she would not prepare the food good and the residents were complaining."

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 facility failed to file a one day incident report and a 15 days incident report for one out of 5 sampled residents.
Findings include:

On at 8:56 AM interview with Resident #2 revealed he was physically by Staff C with a mop stick.

On at 9:20 AM Interview with Staff B stated "I told the manager about it. I told the consultant about the incident but she told that it was not necessary to report it and to just write a note in the resident's file."

On at 2:33 PM Interview with Staff A stated "Yes, I am the administrator, but I do not go there every day. Yes, I was aware of the incident with Staff C and Resident #1. We did not seek medical attention because Resident #1 only had a mark on his arm, and he was not complaining of any pain. The reason we did not reported the incident was because the consultant told my mom (Staff B) that because the Staff C no longer works there, it was no longer necessary to report the incident."

Class III