STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966925	**04/19/2017**
NAME OF PROVIDER OR SUPPLIER **MARIA ADULT CARE III**	STREET ADDRESS, CITY, STATE, ZIP CODE **14561 SW 30TH STREET** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial was conducted on , , 2017. Maria Adult Care III had the following deficiencies identified at time of the survey:

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

Based on record review and interview the facility failed to have proof of a high school diploma or general equivalency diploma (G.E.D.).

Findings included:

Record review revealed that the Administrator did not have proof of a high school diploma or G.E.D.

Interview on at 3:30 PM with Staff D stated, "She has it, but her file is not at the facility."

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview the facility's Administrator did not have proof of CORE training.

Findings included:

Record review of the Administrator's file found it did not have proof of CORE training.

Interview on at 3:45 PM Staff D stated the Administrator's file is not in the facility.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and interview the facility failed to ensure one out of four (4) sampled staff have / training.

Findings included:

Review of the Administrator's file found it did not have documentation of / training.

Interview on at 3:45 PM with Staff D stated the Administrator's file was not in the facility.

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Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview the facility failed to ensure two out of four (A and D) sampled staff completed in First Aid and training in the facility at all times.

Findings included:

Record review revealed Staff D worked in the facility alone. Record review of employee files for Staff A and Staff D showed the facility did not have proof of First Aid and training.

Interview on at 3:45 PM Staff D acknowledged the training were not in the files.

Class III

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0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based record review and interview the facility failed to ensure one out of four (B) sampled staff members successfully completed the minimum of 2 hours of continuing education training on providing assistance with self-administered medications.

Findings included:

Record review of Staff B's files found the 4 hours of medication training was dated and expired . Staff B contained no documentation of 2 hours of continuing education training on providing assistance with self-administration of medication training at the facility annually.

Interview on at 3:45 PM with Staff D acknowledged Staff B did not have the updated training for medications.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview the facility failed to have a 3 day supply of nonperishable foods which were not expired.

Findings included:

Observation made on at 9:30 AM during tour of the emergency food of bins found a low supply of emergency food. One of the bin contained nineteen cans of evaporated milk which were all expired . The second bin contained a majority of applesauce and spaghetti. The canned spaghetti was expired on . The facility did not have a three day supply of emergency food on hand for the four residents residing in the facility.

Interview on at 10:00 AM Staff D acknowledged during tour that the facility did not have enough emergency food and the food were expired.

Class III

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

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Based on record review and interview the facility failed to have a current copy of the Comprehensive Emergency Management Plan (CEMP) approval letter and satisfactory fire inspection.

Findings included:

Record review on at 9:30 AM found the CEMP letter dated and expired on . The facility Fire inspection dated expired on . On the fire inspection came out to the facility and there are three violations pending.

Interview on at 3:30 PM with Staff B stated, "We submitted it. I waiting for them to email it to me. Everything has been corrected for the fire inspection. I am waiting for them to come 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 a completed application with references for one out of four (A) sampled staff.

Findings included:

Record review revealed Staff A did not have a completed application with references listed at the facility .

Interview on at 3:30 PM with Staff D acknowledged Staff A did not have a complete record at the facility.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to ensure the staff who are in direct contact with mental health residents receive the 6 hours minimum training and the 3 hours update provided by or approved by the Department of Children and Families Services for two out of four (A & B) sampled staff.

Finding included:

Record review revealed Staff A did not have proof of completing the minimum 6 hours training. Staff B had the 8 hours limited mental health (LMH) training was dated and expired . There was no proof that Staff B completed the 3 hours update.

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Interview with the Staff D on . . . . at 3:30 PM acknowledged they did not have the training for LMH.

Class III

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

Based on record review and interview the facility failed to have the signed attestation of compliance in the staff records for one out of four (#A) sampled staff.

Findings included:

Record review of Staff A's file found the facility did not have a signed attestation of compliance.

Interview on at 3:45 PM with Staff D stated, "I do not have her file here."

Unclassified

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to ensure that staff were registered with the facility's employee roster on the background screening's clearinghouse.

Findings included:

Review of the staffing schedule documents Staff B works 9 AM to 9 PM; Staff D works 7 AM to 7 PM; Staff C works 7 PM to 7 AM.

Internet search on of the facility's employee roster on the background screening's clearinghouse did not have any of the staff members listed.

Interview on at 3:45 PM with Staff D acknowledged the employees were not listed on the roster.

Unclassified

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

Based on observations, record review, and review the facility failed ensure any employee records were not falsified for one out of four (#B) sampled staff.

Findings included:

Observation made on at 9:30 found Staff B alone with four residents. Staff D arrive to the facility at 9:50 AM.

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Record review found Staff B application dated . The background screening for Staff B on file was eligible on . Internet search of Staff B's background screening for the same name and social security number reveal another person.

Interview on with Staff D the owner was asked if the picture shown to her was Staff B. She stated, "No that is not her." Did Staff B have a background screening done? "Yes, she has problem with her finger prints." Staff B was asked her for her identification and she stated, "I do not have any with me."

Unclassified