STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968802	R 06/05/2017
NAME OF PROVIDER OR SUPPLIER **GOOD NEWS ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1220 NE 116TH ST** **MIAMI, FL 33161**	

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

0000 - Initial Comments

A Biennial Survey Revisit was conducted on 05/10/2017 and concluded on 06/05/2017. Good News ALF, LLC with a Limited Mental Health component (license 12666) had deficiencies found at the time of the survey:

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on observation, record review, and interview the facility failed to ensure that one of six (#6) sampled residents did not require 24 hour nursing or , , care.

Findings included:

Record review revealed Resident #6 was admitted to the facility on . Record review found the resident's admission records were not completed. Resident #6's health assessment documented the resident required 24 hour nursing or , , care.

Interview on at 1:24 pm, Staff B revealed Resident #6 had a guardian. Staff B stated the guardian had not come to the facility and had not reviewed the paperwork for Resident #6. Staff B acknowledged the health assessment for Resident #6 documented the resident needed 24 care.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on observation, record review, and interview, the facility failed to meet the needs of one of six (#7) sampled residents who was assessed to be elopement risk.

Findings included:

Observation on at 10:00 am revealed Resident #7 was not in the facility. The resident had belongs in # .

Interview on at 10:00 am Staff B stated, "These clothes belonged to Resident #7, but he left and he did not come back."

Record review on Resident #7's file showed a note written by the staff at the facility stated, "On Thursday , the manager of Good News ALF report there is a patient name Resident #7 He leave the facility round 10:00 am o'clock in the morning. Before he leave I ask him to sign the resident

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log he refuse to sign and he tell me I am going to see my family, round 8:00 pm he is not came back I call his family and they said to me they don't see him. This is the 2nd times that happen. The 1st he leave in the morning came back in the afternoon. This time, he is not coming back, I am going to call police and make a report in case something happened or if the find him in the street the going to call me or take him back to the facility."

Record review of Resident #7's health assessment dated on revealed, "Diagnoses of Major [illegible] and [illegible]. The resident's physical or sensory limitations as poor [illegible] and Memory loss. Resident #7 is identified as an elopement risk. The resident needs assistance with self-administration of medication"

Interview on at 12:40 pm with Staff B revealed the resident did not have identification on his person that included his name and the facility's name, address, and telephone number.

Interview on at 1:00 pm Staff B stated, "I let Resident #7 go out because the last time he went to visit his family, he came back before 24 hours. However, this time he did not come back. I immediately call the family and the Police Department."

Record review revealed the facility did not have a completed elopement assessment for Resident #7.

Uncorrected Class III

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

Based on record review and interview, the facility failed to provide a copy of the Emergency Management Plan approval. The facility failed to have an update admission/discharge log.

Findings included:

Record review revealed the facility did not have an approved Emergency Management Plan for the county.

Interview on at 12:50 pm, Staff B confirmed the facility did not have the plan. The staff member was not sure if they applied for the approval.

Further record review revealed the admission/discharge log did not have Resident #6 listed. Resident #6's demographic sheet revealed the resident was admitted on .

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On at 1:24 pm Staff B acknowledged the admission/discharge log did not include Resident #6.

Uncorrected Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on observation, record review, and interview the facility failed to report an initial adverse incident report within one day for one of six resident (#7) sampled to the agency.

Findings included:

Observation on at 10:00 am revealed Resident #7 was not in the facility. The resident had belongs in #.

Interview on at 10:00 am Staff B stated, "These clothes belonged to Resident #7, but he left and he did not come back."

Record review revealed Resident #7 left the facility on and had not returned.

Interview on at 1:00 pm Staff B stated, "I let Resident #7 go out because the last time he went to visit his family, he came back before 24 hours. However, this time he did not come back. I immediately call the family and the Police Department." In addition, Staff B stated, "I did not reported to AHCA (Agency for Health Care Administration."

Class III

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

Based on observation, record review, and interview, the facility failed to register with the clearinghouse and maintain the employment status for three of three employees within the clearinghouse.

Findings:

Observations during the survey on . . . at 11:00 am found Staff B and C in the facility caring for the residents.

The background screening website revealed on at 9:59 am the facility did not have Staff B, the Administrator and Staff C listed on the employee roster.

Interview on . . . at 12:11 pm Staff B stated, " I did not know we have to add staffing in the clearinghouse."

Unclassified