STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968870	**05/23/2017**
NAME OF PROVIDER OR SUPPLIER **WINSTON'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6951 NW 5TH CT** **MIAMI, FL 33150**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , 2017 and concluded on , 2017. Winston's ALF, License #12723, had the following deficiencies identified at time of the survey:

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

Based on observation, record reviews, and interviews, the facility failed to ensure that residents with a chronic mental illness were adequately supervised and not left alone for over 70 minutes. The facility failed to provide with appropriate assistance for acute needs, for the entire facility census of four residents (Residents #1, #2, #4, and #5). The facility staff was unaware of Resident #5's location. The facility lacked staffing to ensure that residents received needed assistance.

Findings included:

On at 6:00 AM, agency staff knocked on the door to the facility. Resident #1 answered the door with some hesitation, but allowed unknown persons (agency staff) into the home. Resident #1, a female resident was found residing in the living sleeping on the sofa in a very dark living . There was a strong odor of throughout the house.

Resident #1 reported, she was in the facility alone, and that she slept in the living , however two other male residents were found onsite, one in each of the 2 .

Records were requested from the facility's Administrator for Resident #1. The facility did not have records for Resident #1 (admission date based on hospital discharge documents) which included a demographic sheet, health assessments, doctor's orders, or medication records.

Local hospital records showed Resident #1's discharge diagnoses dated as Acute , , history of , , and , . Resident #1 was admitted to the hospital after she was found outside talking to herself, pulling her hair, and cursing. She was and , . She was sent to the medical floor of the hospital due to , .
Further observations during the tour on found the facility had three residents living in the facility alone with no staff present for over 70 minutes.

On at 7:25 AM the Administrator arrived.

Record review showed the staff schedule documented the Administrator was scheduled to work from 7:00 PM to 7:00 AM and Staff B was scheduled to work from 7:00 AM to 7:00 PM on .

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On at 6:57 AM Resident #2 was able to tell agency staff his name, but he did not know his birthdate, and he further stated that he did not know how he got there, where his family was, or how long he had lived there. Resident #2 reported, he had been in the facility maybe three months. The resident smelled like and his personal clothing and bed sheets were soiled and wet.

Resident #2's health assessment found in the facility dated showed he is a male with a past medical history for Accident in 2013, , and Diverticulosis. The resident needed assistance with bathing and dressing and is an elopement risk. The facility did not have any elopement assessment or any documentation that any preventions were in place to prevent Resident #2 from eloping.

Resident #2 was admitted to the hospital on and discharged the same day. Hospital records documented, History of Present Illness- Patient was bought to the Emergency Department (ED) from crisis for medical clearance. He was reportedly walking in and out of traffic this AM. Police were called to the scene. He was and brought to the local hospital. He was screened in intake and sent to the ED for medical screening prior to further psych evaluation. His symptoms were , sleeping problems, and . Resident #2 was admitted for secondary to precautions, and acute .

Resident #2's medication bottles were found in the facility, the bottles were empty and last filled on . A review of the hospital records showed that the resident was prescribed (for), (used to treat failure and), (lowers), (used to prevent chest pain) and (for), ( ), ( ), (used for), (sterile inhalation solution), (used to prevent and), and (pain medication).

The administrator stated on at 8:00 AM, he does not have any medications for Resident #2. "I was going to get them from the doctor since he has a doctor's appointment at 8:30 AM."

The Administrator entered # on after 8:00 AM and escorted Resident #2 to the give him a bath. Further observations on at 8:38 AM found Resident #2, who was left alone in the , walked out of and naked in full view of the female resident (#1) sitting in the living the Administrator went to the building next door to get a towel. Resident #4 came out of his (#) and stated to Resident #2, "Get out of here, go to your , and put some clothes on." Shortly after the Administrator walked back to the facility with a towel for Resident #2.

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Facility record review found Resident #4 was admitted on . The health assessment at the facility was not dated and documented the following diagnoses, ( ) and , ( ). Resident #4 needed assistance with medications.

On at 8:25 AM, Staff C arrived to the facility. Record review found. The facility did not have a completed employment application, level 2 background screening, or training documentation.

Staff C stated on at 8:27 AM that she worked in the facility Monday through Friday from 8:30 AM to 6:00 PM.

On at 8:56 AM Staff B arrived to the facility. The staff member did not give any information of his location upon arrival. Although, Staff B was supposed to be onsite with the residents.

Facility record review revealed, Resident #3 was admitted on . Record review found the facility did not have any records for Resident #3 which included a health assessment. Medication bottles found dated were empty.

During an interview on at 8:15 AM, the Administrator stated regarding Resident #3, "He was in the hospital four weeks. I believe in 2017. He is possibly coming back. He is in Rehab. He went to the hospital because of ( )."

Hospital record review for Resident #3, whose bed at the facility was being held until he was discharged from the hospital, showed the resident was a , with a past medical history that is significant for territory , , , and who was brought to the ED with pain, increasing girth, and . The hospital records obtained by the field office listed his outpatient medications as (for), (used to treat failure and ,), (lowers), (used to prevent chest pain), and , (for).

During another visit on at 6:00 AM, Staff D was found alone in the facility caring for a census of three residents. Resident #2 was partially dressed with soaked clothing. The second bed was not made and when Staff D was asked who slept there. She stated, "I don't know their names and that he was sitting outside." Resident #5 was not found outside.

During an interview on at 6:40 AM Staff D stated, "I only been working here for four weeks. There are three residents here."

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SUMMARY STATEMENT OF DEFICIENCIES
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During facility record review, it was determined, the facility did not a completed employment application, an eligible level 2 background screening, and First Aid and - ( ) training or other required training for Staff D.

On at 6:24 AM Staff B, arrived and opened the medication cabinet. The medication cabinet was observed to be empty with no medications.

Review of the medication observation records (MORs) found they were blank with no documentation showing Resident #2's medications were given.

On at 6:56 AM, an updated staff schedule was not provided by the facility staff.

Class I

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observations and interview, the facility failed to have an activities calendar posted.

Findings included:

Observation made during tour of facility on at 6:00 AM found there was no activities calendar posted and available for review.

Interview on at 8:50 AM staff confirmed there is no activities calendar available for review for the residents.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview, the facility failed to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner for two out of five (2 and 3) sampled residents.

Finding included:

Observations on at 8:30 AM Resident #2's medication bottles were found empty and last filed on

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A review of hospital records showed that the resident was prescribed , , , and , , , , , , , , , , and

Resident #3's medication bottles also found dated were empty.

A review of hospital records showed a list of his medications as , , , and , .

On at 8:00 AM The Administrator stated, he does not have any medications for Resident #1 and 2. "I was going to get them from the doctor since he has a doctor's appointment at 8:30 AM."

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure qualified staff submit written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable and have proof of a negative examination documented on an annual basis for three out of four (A, B, and D) sampled staff.

Findings included:

Record review of the Staff A(hire dated), B(hire date , and D(working there four weeks)'s personnel files did not have statements of freedom from communicable including

Interview on at 6:40 AM Staff D stated, "I only been working here for four weeks. There are three residents here."

Class III

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

Based on observations, record reviews, and interviews, the facility failed to ensure that four out of five (#1, #2, #4, and #5) residents had qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs. The facility also failed to have complete staff and resident records. The facility failed to maintain

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a written 24-hour staffing pattern.

Findings included:

Arrived to the facility on at 6:00 AM, observed three residents (#1, #2, and #4) in the facility alone. The facility did not have any staff members present until 7:10 AM. The residents were left alone for over 70 minutes.

Record review showed the staff schedule documented the Administrator was scheduled to work from 7:00 PM to 7:00 AM and Staff B was scheduled to work from 7:00 AM to 7:00 PM.

On at 7:25 AM the Administrator arrived.

Record review of the Administrator's personnel file revealed it did not have documentation of completion of CORE training.

On at 8:56 AM Staff B arrived to the facility. The staff member did not give any information of his location upon arrival. Although, Staff B was supposed to be onsite with the residents.

Record review of the personnel files revealed Staff B, hired , did not have documentation of receiving emergency preparedness, adverse incident, resident rights, , neglect, and , training.

Records were requested from the facility staff for Resident #1. The facility did not have records for Resident #1. Hospital records were requested and revealed Resident #1 was admitted to the facility on . The facility not have a demographic sheet, health assessments, doctor's orders, or medication records.

Resident #2's health assessment at the facility dated revealed a male with a past medical history for , Accident in 2013, , , , and Diverticulosis. The resident needed assistance with bathing and dressing and was an elopement risk. The facility did not have any elopement assessment or any documentation that any preventions were in place to prevent Resident #2 from eloping.

Record review revealed Resident #4 was admitted . The health assessment at the facility was not dated and documented the following diagnoses, ( ), , ( ). The resident needed assistance with medications.

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On at 8:25 AM, Staff C arrived to the facility.

During an interview on at 8:27 AM, Staff C stated she works in the facility, Monday through Friday from 8:30 AM to 6:00 PM.

Record review revealed Staff C did not have a personnel record available for review. Staff C did not have a completed employment application with references, a level 2 background screening status on file, training which included First Aid and - ( ), control, activities of daily (ADLs) and behavioral needs, / , (/), elopement response, emergency preparedness & evacuation, incident reporting, resident rights, recognizing , neglect & , ( ), and safe food handling.

During another visit on at 6:00 AM, Staff D was found alone in the facility caring for a census of three residents. Resident #2 was partially dressed with soaked clothing. The second bed was not made and when Staff D was asked who slept there. She stated, "I don't know their names and that he was sitting outside." Resident #5 was not found outside.

During an interview on at 6:40 AM Staff D stated, "I only been working here for four weeks. There are three residents here." Staff D stated, she works Friday to Monday 7:00 PM to 8:00 AM. Staff B arrived at 7:00 AM on and confirmed there was no personnel file available for Staff D to review.
Therefore, Staff D did not have a completed employment application with references, a completed eligible level 2 background screening, training which included First Aid and (is required by at least one staff member while residents are in the facility). There was no control, activities of daily (ADLs) and behavioral needs, / , elopement response, emergency preparedness & evacuation, incident reporting, resident rights, recognizing , neglect & , ( ), and safe food handling training documentation.

Class II

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

Based on observation, record review, and interview, the facility failed to note meal substitutions before or when the meal is served on the menu. The facility failed to keep documentation of substitutions on file.

Findings included:

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Observations made on . . . . . at 8:10 AM found the residents were served a hotdog, egg, and a bowl of cereal.

Review of the menu has the breakfast for Tuesday, Cycle 2 had an assorted juices, dry cereal, hot cereal, bread, margarine, and milk. The substitutions were not documented on the menu. Record review also found that the facility was not documenting substitutions to the menu and keeping them on file for six months.

Interview with the Administrator on . . . . acknowledged the menu posted in the only menu available for review.

Class III

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

Based on observations and interview, the facility failed to maintain a safe living environment free from hazards.

Findings included:

Observation made on . . . . at 7:45 AM of the backyard found a table filled with trash on it. A pillow on top of air condition unit area and a broken window screen.

Interview on on at 7:47 AM the Administrator stated, "I was going to move those things."

Class III

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

Based on record review and interview, the facility failed to have an updated Comprehensive Emergency Management Plan (CEMP) and an updated admission and discharge log.

Findings included:

Record review found the facility did not have a CEMP. Record review of the admission and discharge log was not updated.

Interview on at 9:00 AM the Administrator acknowledged that the admission and discharge log

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was not up to date and that he did not have the CEMP.

Class III

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

Based on observations, record review, and interview, the facility failed to have background screening results and completed attestation of compliance in the staff records for three out of four (A, B, and C) sampled staff.

Findings included:

Record review of Staff A and B's files did not have completed and signed attestation of compliance forms in their files.

On ..... at 8:25 AM Staff C arrived to facility.

Interview on ..... at 8:27 AM Staff C stated, she works in the facility Monday through Friday from 8:30 AM to 6:00 PM.

Record review found the facility did not have Staff C's level 2 background screening on file and did not have a signed attestation form.

Unclassified

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

Based on observation, record review, and interview, the facility failed to ensure two out of four (# & D) sampled staff were registered on employee roster through background screening website.

Finding included:

On ..... at 8:25 AM Staff C arrived to facility.

Interview on ..... at 8:27 AM Staff C stated, she works in the facility Monday through Friday from 8:30 AM to 6:00 PM.

On ..... at 6:00 AM found Staff D alone in the facility caring for a census of three residents.

Interview on ..... at 6:40 AM Staff D stated, "I only been working here for four weeks. There are three residents here." Staff D stated, she works Friday to Monday 7:00 PM to 8:00 AM.

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Record review found the facility did not have Staff C and D listed on the employee roster.

Unclassified

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

Based on observations, record review, and interview, the facility failed to ensure that one out of four (D) sampled staff had a completed eligible level II background screening prior to providing care and services to a census of four residents.

Findings included:

On at 6:00 AM found Staff D alone in the facility caring for a census of three residents.

Interview on at 6:40 AM Staff D stated, "I only been working here for four weeks. There are three residents here." Staff D stated, she works Friday to Monday 7:00 PM to 8:00 AM.

Staff B arrived at 7:00 AM on and confirmed there is personnel file available for Staff D.

Record review found Staff D did not have a record available for review.

Unclassified