STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968493	**06/05/2017**
NAME OF PROVIDER OR SUPPLIER **CLEON CORP FAMILY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10168 NW 128 TERRACE** **HIALEAH GARDENS, FL 33018**	

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

0000 - Initial Comments

A standard Biennial survey was conducted on . Cleon Corp. Family Care with standard license (AL12408) had the following deficiencies identified 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 provide documentation of an updated health assessment for 1 out of 5 residents who had a change in condition (Resident #1) .

Findings:

On at 9:10 a.m. Resident #1 was observed in bed with both arms crossed over her chest.

On at 11:50 a.m. Staff B was observed feeding resident with puree.

A review of Resident #1's Health Assessment (Form 1823) date showed that the resident needed assistance with self administration of medications. Further review showed a letter from resident's daughter stating that she would administer the medications to the resident.

On Resident's #1 daughter stated that she comes every day to administer her mother's medications.

On at 1:00 p.m. the Administrator stated resident could not eat by herself and had to be administered the medications. The Administrator further stated that the Resident's daughter lived near the facility and came several times a day to administer the medications.

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.

Findings:

On at 9:10 a.m. Staff B and D were observed working with a census of 5 residents. Staff A arrived at 9:30 a.m.

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CLEON CORP FAMILY CARE INC	**10168 NW 128 TERRACE HIALEAH GARDENS, FL 33018**

SUMMARY STATEMENT OF DEFICIENCIES
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A review of the Staffing schedule for . . . . showed the following staffing work hours:

Staff A from 7 am to 7 PM
Staff B was off
Staff C from 7 PM to 7 AM
Staff D was not on the schedule.

On . . . . . at 10:00 a.m. the Administrator acknowledged the facility did not follow the staffing schedule.

Class III

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

Based on record review an interview, the facility failed to provide documentation of fire safety inspection reports issued by the local authority within the last 2 years.

Findings:

Facility records review showed the facility last Fire inspection was conducted on . . . . .

On . . . . . at 11:00 a.m. the Administrator stated the Fire inspector had not yet come this year to do the inspection yet.

Class III

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

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

Based on record review and interview the facility failed to provide documentation of an eligible Level II background screening for 2 of 4 staff who had break in service for 90 or more days (Staff B and C).

Findings as follow:

Staff record review showed Staff B's level II background screening was performed on . . . . . and she was hired on . Staff C's background screening was performed on and she was hired on . . . . . .

On . . . . . at 1:28 p.m. Staff B stated had worked at another ALF from . . . till . . then stopped working for 2 years before starting work at the facility.

On at 1:35 p.m., Staff C said that she was one year without working in the field or in any other employment who required the level II background.

unclassified.