STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	R 06/19/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMANUEL RESIDENCE ACLF	**343 W 44 STREET** **HIALEAH, FL 33012**

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 19, 2017. Emanuel Residence ACLF with Limited Mental Health component, license #8954, had the following deficiencies identified at the time of the survey:

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, record review, and interview, the facility failed to ensure that licensed personnel administer medications to 1 of 6 (#7) sampled residents.

Findings included:

Record review found Resident #7's health assessment dated documented that the resident required medication administration. Record review found the had no medication log for Resident #7 documenting she received her medication from , 2017 to , 2017. Medication reconciliation found Resident #7's packs for 8 AM and 2 PM medications tablets were found empty from 01, 2017 to , 2017. The packs for the 8 PM medications tablets were found empty from , 2017 to , 2017.

Interview on at 4:00 PM with Resident #7 stated, "I received my medications every day. Yes, I did receive them this morning."

Interview on at 5:00 PM with the Administrator stated, "I am looking for and I can't find the sheet." The administrator was not able to provide information to show the medications were administered to Resident #7 by licensed staff.

Class III

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

Based on record review and interview, the facility failed to ensure that medication observation records (MORs) were available and maintained for one of six (#7) sampled residents.

Findings included:

Record review found Resident #7's health assessment dated documented that the resident required medication administration. Record review found the had no medication log for Resident #7 documenting she received her medication from , 2017 to , 2017. Medication reconciliation

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

found Resident #7's packs for 8 AM and 2 PM medications tablets were found empty from 01, 2017 to , 2017. The packs for the 8 PM medications tablets were found empty from , 2017 to , 2017.

Interview on at 4:00 PM with Resident #7 stated, "I received my medications every day. Yes, I did receive them this morning."

Interview on at 5:00 PM with the Administrator stated, "I am looking for and I can't find the sheet."

Uncorrected Class III

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

Based on record review and interview, the facility failed to appointed manager for each facility, the Administrator supervised two facilities.

Findings included:

Record review revealed the facility's Administrator supervised two facilities and the facility failed to appointed two Managers.

Interview on at 4:50 PM the Administrator acknowledged she is the administrator for two facilities and only has a manager for just one.

Class III

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

Based on observation and interview, the facility failed to ensure that emergency food storage was not expired.

Findings included:

On at 03:43 PM during the facility tour 1 bag or white rice was found on the pantry's floor. Additionally, three (3) out of seven (7) cans of luncheon loaf meat dated of the emergency food sampled were found expired.

During interview conducted on at 03:44 PM, Staff C acknowledged that the food was expired.

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NAME OF PROVIDER OR SUPPLIER **EMANUEL RESIDENCE ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **343 W 44 STREET** **HIALEAH, FL 33012**	

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

During exit interview conducted on at 04:49 PM, Staff A acknowledged of the expired food and stated "I will take care of it."

Class III

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

Based on observations and interview, the facility failed to ensure that residents lived a decent living environment.

Findings included:

Observations on at 3:30 PM found the facility's grass on the lawn was not maintained. There was a black substances around the door, peeling paint on wall next to # door, and broken bottom draw.

The findings were reviewed with the Administrator on at 5:10 PM, who acknowledged the concerns.

Class III