| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966547 | R<br>07/06/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ADA ALF INC** | **683 NW 122 Place**<br>**MIAMI, FL 33182** |

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

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

Based on interview and record review, the facility failed to maintain an updated employee roster within theBackground Screening Clearinghouse Database.

Findings included:

A reviewed of the facility's Background Screening Clearinghouse database roster showed that Staff E was still listed as an active employee.

During an interview on at 1:51 P.M., the owner stated that Staff D replaced Staff E since . She acknowledged that Background Screening Clearinghouse roster was not updated.

Unclassified

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

Based on observation, record review and interview, the facility failed to verify the Level II background screening for one out of twenty sampled staff no more than 90 days prior to the staff person beginning work. Staff D, who had not continuously been working in another facility without a break in service, did not have an updated level II background screening.

Findings included:

On at 8:22 A.M., observed Staff D alone at the facility caring for a census of five.

Review Staff D's personnel record showed that employment application was dated and a Level II background screening eligibility documentation was dated . The employment application did not list employment history or document that staff had been working at another facility without a break in service.

During an interview on at 2:00 P.M., the Owner acknowledged that Staff D had a break in service for more than 90 days and that the application did not list previous employment.

Unclassified

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966547 | R<br>07/06/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ADA ALF INC** | **683 NW 122 Place**<br>**MIAMI, FL 33182** |

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

**0000 - Initial Comments**

A Complaint Investigation revisit survey (CCR#2017002266) was conducted from to . Ada ALF License #10770 had the following deficiencies found at the time of survey:

**0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC**

Based on observation, interview and record review, the facility failed to determine ongoing appropriateness for continued residency for 1 out of 6 sampled residents (Resident #1). This was evidenced by the facility's failure to meet the increased care needs, including supervision for the resident, who was experiencing a decline in health resulting in a significant . The facility failed to put in place protections or precautions for the resident, who was identified as a risk, to prevent a that result in injury.The facility also failed to obtain medical attention for the resident's black eye after the .

Findings included:

On at 8:22 A.M. observed Staff D alone, caring for a census of five residents. At 8:25 A.M., observed a female resident sitting in a recliner chair asleep, head down with on her forehead and a sagging purple left eye. The resident couldn't open her eye. Staff D stated the resident because she moved a lot in bed. During a tour at 8:35 A.M., Staff D stated that Resident #1 slept in # . The resident did not have bed rails attached to her bed to prevent .

During an interview on at 8:40 A.M. Staff D stated "Resident #1 last Tuesday. I put her in bed and with the edge of the bed she hit herself on her face. She did not on the floor. The incident happened around 1:00 or 1:30 P.M., at the time that all of the residents like to take a nap, right after lunch. I was in the kitchen and I ran to the I sat her back on the bed. I called 911 they came and they stated that nothing happen. Staff D stated that Resident #1 did not go to the hospital or receive any medical attention.

On at 9:28 A.M. a granddaughter of Resident #1 arrived at the facility, started kissing the resident and stated "How this eye is doing; you cannot even open your eye. " Observed that the family member was feeding her grandmother milk by placing a spoon into her mouth. The granddaughter stated "My grandmother is not in hospice. If she is in hospice they would not allow me to give her water."

On at 11:57 a.m. observed Staff D feed pureed food to Resident #1 by putting the spoon into the resident's mouth. The resident ate with her eyes closed, she did not move her hands.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966547 | R<br>07/06/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ADA ALF INC** | **683 NW 122 Place**<br>**MIAMI, FL 33182** |

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

On at 2:11 P.M. observed Staff D calling Resident #1. The resident did not react. Staff and Owner held Resident #1 by each arm, dragging her toward the between # and #5. The resident was not able to ambulate.

On at 2:36 P.M. observed Staff D assisting Resident #1 with toileting. The resident slid on the floor. The owner went to another got a wheelchair, walked to the sat Resident #1 on the wheelchair.

Review of Resident #1's, medical record indicated the resident was admitted to the facility on . The resident's health assessment form dated indicated the resident had diagnoses of , ( ), , (AD), , ( ), ( ) type 2 and needed special precautions for . The resident required total care with all activities of daily living (ADLs).
Further review of Resident #1's record showed the facility did not have updated progress notes that indicated the resident had injuries from a including the on her forehead and a , purple, sagging left eye. A review of the note dated indicated that the resident's left arm had . On , a note showed that that resident had a change of mood and behavior.
There was no documentation in the record regarding the results of the evaluation or interventions made by the facility for Resident #1 to receive medical attention. Further review of the progress notes showed no documentation that her family was notified of her condition.

During an interview on at 11:39 A.M., the owner stated "The Administrator had knowledge of Resident #1's incident but I'm the responsible person for everything that happens here in this assisted living facility (ALF)". She further stated "the Administrator did not come here to see Resident #1's condition after the ." The owner attempted to contact the Administrator a few times with her own cellular phone but she did not contact him. She stated "The administrator has another job.The primary physician will come in a little bit to see Resident #1 and she'll order X-rays." The owner acknowledged that Resident #1 did not receive any medical attention since incident date on Tuesday, . The Owner acknowledged that Resident #1 did not meet continued residency criteria.

During a phone interview on at 11:38 A.M. ,Resident #1's primary doctor stated that Resident #1 was referred for hospice evaluation the same day on .

Class II

**0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC**

Based on observations and interview, the facility failed to keep medications locked up at all times for 1

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966547** | R<br>**07/06/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**ADA ALF INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**683 NW 122 Place**<br>**MIAMI, FL 33182** | |

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

out of 6 sampled residents (#3) .

Findings included:

On at 8:35 A.M., observed unlocked medication for Resident #3 in # ( HCl , Solution 0.05 %).

During an interview on 8:37 A.M., Staff D stated that the resident kept her eye drops there, in her . She acknowledged that the not locked.

Class III