STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967137	R 07/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A-1 ASSISTED LIVING FACILITY LLC	**9410 SW 52 TERRACE MIAMI, FL 33165**

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

0000 - Initial Comments

A Complaint Revisit Survey was conducted 07/11/2017- 08/03/2017. A-1 Assisted Living Facility License #11228 had the following deficiencies found at time of the survey:

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

Based on record review and interview, the facility failed to have an accurate and complete health assessment that reflected the resident's change in condition and the type assistance the resident needed with managing medication, for one out of four sampled residents (Resident #1)

Findings included:

A review of Resident #1's record showed the resident was admitted on . A Health Assessment dated showed Medical Diagnoses: , and high or behavioral status Major due to 's with behavioral disturbance. The resident was independent with ambulation, dressing and eating. The resident needed supervision with bathing and self-care ( ), toileting, and transferring. The health assessment did not have documented the type of assistance the resident needed with taking medication or if the resident is an elopement risk.

On 10:05 AM Observed Resident #1 required both staff persons to assist her with getting up from a chair, and to ambulate with the walker.

On at 11:21 AM Staff D stated the "I did complete a new health assessment for Resident #1, but I misplaced it when I went to make a copy of it."

Class III

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

Based on observation and interview the facility failed to dispose of unused medication and to keep medication locked at all times.

Findings included:

On at 9: 07 AM, observed unlocked medication in # , observed the door of the open.

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On at 9:16 AM observed unlocked medication in the refrigerator. The medication was a Nasal Spray that belonged to Resident #7.

On at 9:19 AM, Staff E stated that Resident #7 went to the hospital on Saturday , and that the resident was transferred to a rehabilitation center afterward.

On at 9:08 AM Staff E Stated "The medication belonged to residents that used to live here and we forgot to dispose of them."

Class III

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

Based on record review and interview, the facility failed to keep an up-to-date admission and discharge log.

Findings included:

A review of the facility's admission and discharge log revealed Resident #7 was admitted on . There was no documentation regarding when the resident was discharge to the hospital.

On at 9:19 AM Staff E stated Resident #7 went to the hospital on Saturday , and was then transferred to a rehabilitation center.

A review of the facility's admission and discharge log revealed Resident #8 was admitted . There was no documentation that the resident was transferred to another facility.

On at 9:21 AM Staff E stated Resident #8 was out on pass with his family, and that he was expected to return on these days.

On at 10:52 AM Resident's #8 son stated "I made the decision of transferring my father out of the facility. I informed the owner with time. He lived there for 2 months. It wasn't the greatest home but it was adequate. I decided to move him to a home to be closer to us. I made the decision to move him, I notified with her and she accepted."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967137	R **07/11/2017**
NAME OF PROVIDER OR SUPPLIER **A-1 ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9410 SW 52 TERRACE** **MIAMI, FL 33165**	

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

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review, and interview, the facility failed to provide documentation of a completed application for employment that included the hire date and references for one out three sampled staff (Staff F).

Findings included:

A review of Staff F's employee file revealed there was no employment application in file that included hire date or references.

On at 2:11 PM Staff D stated "I haven't not completed the application because she just started this month."

Class III