STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965726	**08/14/2017**
NAME OF PROVIDER OR SUPPLIER **FARDALES HOME ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1091 EAST 18 STREET** **HIALEAH, FL 33013**	

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

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

Based on record review and interview, the facility failed to maintain an updated roster of employees within the Background Screening Clearinghouse. Three of three sampled employees were not listed (Staff A, B and C).

Findings included:

A review of the facility's roster in the Background Screening Clearinghouse database showed that Staff A, B, and C were not listed.

On at 11:20 am Staff A stated, "I did not know that the employee roster was not updated."

Unclassified

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FARDALES HOME ALF CORP	**1091 EAST 18 STREET HIALEAH, FL 33013**

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

A Standard Biennial survey was conducted on , 2017 (Lic# 10087). Fardales Home ALF Corp with Limited Mental health Services component had the following deficiencies found at the time of survey:

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

Based on observation, record review and interview the facility failed to maintain an updated written record of significant changes in medical condition and medication for one of five residents sampled (Resident #2) . The facility was unaware that the resident had developed an to a prescribed medication, which was subsequently discontinued by the health care provider.

Findings included:

On at 10:30 am Resident #2 stated, "I would like to know why I am not having the injection since three months ago?"

Review of Resident #2's Health Assessment (dated) stated, " / and Aminophyline / ."
A review of the United States National Library of Medicine's database showed that is used primarily to treat , and other psychoses, as well as and .

On at 12:15 PM Staff A stated, "I do not know exactly the reason of the doctor to stop Resident #2's injections."

Review of Resident #2's progress notes did not reflect information for the interruption of the medication (,).

On at 12:20 PM, observed that Staff A walked to Resident #2 to asked about the reaction for the medication.

On at 12:20 PM Staff A stated, "I did not know that the caused a on Resident #2."

Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

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Based on record review and interview the facility failed to have a surety bond equal twice the value of the residents' monthly income for two of five residents sampled (Residents # 2 and 3) .

Findings included:

Review of the facility's record showed that the facility did not have a surety bond with a minimum bond that equal twice the value of the residents 'monthly income.

Review of residents (2 and 3) records revealed the following information:

Resident #2 received $78.40 per , , , ( ) and $735.00 from Social Security , (SSD).
Resident #3 received $78.40 per , , , ( ) and $735.00 from Social Security , (SSD).

On at 1:00 pm, Staff A stated, "Residents 2 and 3 have no family, and I am the payee for them. However, I did not know that we need to have a surety bond."

Class III

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

Based on observation and interview the facility failed to maintain a safe living environment for five of five sampled residents (Residents #1-5).

Findings included:

Observation on at 10:00 am revealed that both of the facility's were leaking water, and were dirty.

Observation on at 10:00 am revealed that the facility's walls were missing paint, and the floor, windows and doors were dirty.

Observation on at 10:00 am revealed that dresser drawers for Residents #2 and 5 were missing and needed to be replaced.

Observation on at 10:00 am revealed that the stairs in # did not have a safety rail. The stairs were unfinished.

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On [redacted] at 11:30 am Staff A stated, "I know that we have to do the [redacted], but we are waiting on the house insurance. We are going to fix everything."

Class III

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

Based on observation and interview the facility failed to have an up-to-date admission and discharge log. the facility also had no current staff or activity schedule.

Findings included:

A review of the facility's record revealed that the Admission/ Discharge log was not updated. A discharge date had not been entered for a resident that no longer lived there, and Resident #2's name was not listed.

A review of the facility's Staffing and Activity Schedules showed that they were dated [redacted], 2017. There were no [redacted] 2017 schedules.

On [redacted] at 11:20 am, Staff A stated, "The Consultant did not bring the updated staffing pattern and activity schedule." Staff A also stated, " I will correct the Admission/Discharge log right now."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to have a Power of Attorney (POA), Surrogate or Guardianship documentation in one of five residents sampled (Resident #1). The facility failed to have an accurate weight recorded for one of five sampled residents (Resident #1). The facility also failed to provide documentation of a complete health assessment for two of five sampled residents (Residents #1 and 2).

Findings included:

A review of Resident #1's record revealed that the resident's son signed the admission documents without a POA, Surrogate or Guardianship documentation.

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On at 11:00 am, Staff A stated that Resident #1's son needed to bring a POA.

Record review showed that Resident #1 (admitted) did not have accurate weight information. His health assessment (dated) reflected that the resident weight 200 pounds. However, Resident #1's weight log (dated) reflected 181 pounds.

On at 11:00 am, Staff A stated that Resident #1's real weight was 181 pounds. Staff A stated, "She did not lose weight, and she ate very well."

Observation on at 9:35 am revealed that Resident #1 (admitted) lived in # , and Resident #2 (admitted) lived in # .

A review of Resident #1's Health Assessment (dated) showed that it did not reflect whether she needed 24 hour nursing and/or supervision.

A review of Resident #2's Health Assessment (dated) showed that it did not reflect weight information.

On at 12:15 PM Staff A stated, "I did not notice that Residents #1 and #2 were missing that information."

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to have a dated and signed contract for one of five residents sampled (Resident #1) .

Findings included:

Review of Resident #1's record revealed that there was no documentation of a dated and signed residency contract.

On at 1:00 PM Staff A confirmed that Resident# 1 did not have a dated and signed contract.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview, the facility failed to provide documentation of an annual community living support plan and , agreement for one of five sampled residents (Resident #2).

Findings included:

A review of Resident #2's record showed that there was no documentation of an annual community living support plan or a , agreement.

On at 1:00 pm, Staff A acknowledged that Resident #2's , agreement and community living support plan were not updated.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to have an update training of 3 hours for limited mental health resident for one of three sampled staff (B).

Findings included:

Record review of Staff's B (hired) revealed that she had no limited mental health training available for review. Last update training dated on .

Interview on at 12:30 pm revealed that Staff A confirmed that Staff B did not have an update limited mental health training in file.

Class III