STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966546	08/31/2017
NAME OF PROVIDER OR SUPPLIER **ST DB&Y HOME FOR THE ELDERLY,**	STREET ADDRESS, CITY, STATE, ZIP CODE **8715 NW 153RD TERRACE HIALEAH, FL 33018**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , 2017. St DB & Y Home for the Elderly (Lic#10764) had 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 and record review the facility failed to have an accurate health assessment for two of six sampled residents (1 and 2).

Findings included:

Observation on from 9:20 am - 1:38 pm revealed Resident #1 was sitting on a recliner with her feet up with a pillow. Further observations showed Resident #1 needed assistance from Staff D to stand up from the recliner and walk.

Record review revealed Resident #1's health assessment stated the resident required supervision with ambulation, bathing, dressing, , toileting, and transferring."

Class III

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

Based on observation, interview, and record review the facility failed to ensure written information for the care and services for one of six sampled residents (1).

Findings included:

Observation on from 9:20 am - 1:38 pm revealed Resident #1 was sitting on a recliner with her feet up on a pillow.

Interview on at 1:38 pm Staff E stated, "Resident #1's doctor indicated they are to put her feet up to prevent ."

Interview on at 1:30 pm Staff D stated, "Since , Resident #1 is having her feet , and we put them up to prevent ."

Record review revealed Resident #1's record had no doctor order and/or notes with indicated to keep the resident's feet up to prevent .

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Class III

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

Based on record review and interview the facility failed to appoint in writing a separate manager for each facility.

Findings included:

A review of the facility's files revealed there was no documentation in writing verifying the appointment a manager. A review of health finder database revealed the administrator supervised three assisted living facilities.

During an interview on at 1:10 pm Staff A acknowledged that she was administrator of three facilities and supervising an additional facility.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to provide a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . for one of six sampled staff (B).

Findings included:

Record review revealed Staff B's (hired) file did not have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . .

Interview on . . . . at 1:00 pm Staff E confirmed that Staff B did not have her exam in facility.

Class III

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on observation, record review, and interview the facility failed to have an updated Level 2 background screening for one of four sampled residents (B).

Findings included:

Record review revealed Staff A's (hired) background screening in her file was dated on .
The background screening database revealed an updated background screening dated .

Interview on at 1:02 pm Staff A stated, "I have to print an update Background Screening."

Unclassified