STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966547	**10/06/2017**
NAME OF PROVIDER OR SUPPLIER **ADA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **683 NW 122 Place** **MIAMI, FL 33182**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Ada ALF License #10770 had the following deficiency found at the time of the survey:

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

Based on observation, record review and interview the facility failed to provide documentation of a face to face medical examination recorded on AHCA form 1823 (health assessment) when a significant change was exhibited for 1 out of 6 residents (Resident #1).

Findings Included:

Record review showed Resident #1's health assessment done on . . . . document the resident needed assistance with medication, and also needed a 'no added salt' diet.

A review of the Hospice Plan of care dated documented that the resident needed a puree diet and crushed medications.

Interviewed on . . . . at 11:30 AM, the Owner stated "Resident #1 receives a puree diet and hospice staff administer her medications two times daily."

Class III