STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966547	R 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 complaint investigation third revisit survey (CCR#2017002266) was conducted on . Ada ALF, License #10770, had the following deficiency found at the time of the survey:

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

Based on observation, record review, and interview, the Administrator failed to ensure the provision of appropriate care to all residents as required by rule and statute. The administrator failed to ensure that precautions were in place for two of five sampled residents (#5 and #7), even after Resident # 5's that result facial and scalp . The Administrator also failed to ensure that relevant care was provided when a resident diagnosed with , who was prescribed a therapeutic (pureed) diet by a physician, was given regular food (Resident #5).

Findings included:

A review of the facility's policies and procedures showed that "The Administrator/manager is responsible for the development and implementation of or arrangement for health care. The Administrator shall ensure that residents are assisted in making appointments to medical, dental, nursing or mental health service, and ongoing activities programs, as needed by resident." The policy procedure further stated that "Employees must be aware of the needs and care of residents. Proper supervision of residents and safety practices must be implemented by all employees. The administrator is in charge of the entire operation of the ALF and is responsible for all personnel supervision to assure that all the residents' needs are meet. This includes the conduct of the employees and assurance of the well being of the resident in the ALF."

1)
On at 12:00 PM observed Staff C and D caring for a census of six residents. Resident #5 was observed sitting in the common . Observed Staff C and D assisting Resident #5 with her transfer on at 12:15 PM. They placed their hands underneath resident's hands and lifted her from the recliner. The resident was unable to assist with her own transfer.

A review of Resident #5's record showed that she was a admitted to the facility on . The resident's health assessment form dated indicated the resident had diagnoses of ( ), , , , ( ), , ( ), and , ( ). According to the health assessment, the resident needed supervision with all ADL (activities of daily living) and also needed special and safety precautions.

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A review of a progress note dated in Resident #5's record showed "Resident #5 went to get up to go to the 12:20 A.M., lost balance and she . We called 911 for first aid and she was transferred to the hospital to get medical attention." On at 9:45 AM, observed that there were still no precautions in place for Resident # 5.

On at 12:20 P.M. during lunch, observed Resident #5 eating a soft diet that was not pureed, consisting of fish, rice and beans.

Interviewed on at 11:20 AM, the Owner stated that Resident #5's physician ordered a half bed rail, but the resident did not have a hospital bed. The owner stated "She is going to be evaluated to receive hospice services today. I am in the process of correcting the deficiencies cited during the last inspection. Resident #5 receives a soft diet because she did not like puree diet."

2)
A review of the resident record showed that Resident # 7, admitted on , was . The resident's health assessment done on revealed medical diagnoses of , ( ), , type 2 , unspecified , , , , , , . The resident needed precautions. On at 9:50 AM, observed that there were still no precautions in place for Resident #7.

A review of the facility's records revealed that there was no documentation of a risk policy and procedure. There was no documentation of updated assessments stating that Residents #5 and 7 no longer needed precautions, or of plans to implement preventative measures to minimize .

Uncorrected
Class II

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