STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966704	**10/16/2017**
NAME OF PROVIDER OR SUPPLIER **KELLEY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **10410 SW 127TH AVENUE** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Complaint Survey (CCR#2017007943) was conducted on and concluded , Kelley ALF with a Standard license # 10880 had the following deficiencies found at the 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 ensure the appropriateness of continuing residency, and failed to ensure the delivery of adequate care and services, for 1 of 6 sampled residents (Resident # 6). The resident was , had an , and was experiencing auditory and visual hallucinations, and no services were arranged to address the changes of condition. The resident experienced a and three hospitalizations within four days.

Findings included:

On at 10:40 AM, the Administrator stated that the police were called to the facility on because Resident #6 was out of control. The resident could only see with one eye. She further stated that the resident came back from the hospital the same day after the facility had sent her on because she had an .

A review of Resident #6's record showed that the resident was admitted on and discharged on . A health assessment dated showed a medical history of: chronic kidney , , , , hypercholesteremic, HTA, , , , Activities of daily living(ADL"s) Ambulation, bathing, self-care( ), transferring-Needs assistance, dressing, eating, and toileting-Needs supervision. A progress note dated stated that the resident had several changes in vision, was screaming and not able to stay quiet, and she was transferred to local hospital due to the resident losing her balance. Further review of the resident's record showed that there was no documentation that the resident's medical providers had been contacted to address the changes in behavior.

A review of hospital records from the resident's admission on showed that the resident had experienced a at the facility, and that she had an . The record further stated that the resident was reported by the assisted living facility to have been having auditory and visual hallucinations for the month prior to the hospital admission. The record stated that the resident was having acute delirum most likely due to visual hallucinations.

A review of hospital records from the resident's admission on showed that the resident had a history of acute , , hallucinations and aggressive behavior. The record further stated that the

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resident had been noncompliant with her , , , regimen and had been hospitalized by from the emergency her family brought her in secondary to aggressive behavior and visual hallucinations.

On at 3:45 PM, Resident #6's niece stated by telephone that she had to take her aunt out of the facility because she was , from the local hospital she was transferred to another facility.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to have completed an adverse incident report for one of six sampled residents, who was hospitalized four times in three days due to changes in her condition (Resident #6).

Findings included:

A review of facility records, and the incident report database showed that there was no incident report regarding Resident #6's hospitalizations on , and .

On at 10:40 AM , the -Administrator stated, the day that the police were called to the facility was on because Resident #6 was out of control. The Administrator said "She could see with one eye only and she came from the hospital the same day because we sent her to the hospital on because she had an ."

Class III