STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966584	**10/26/2017**
NAME OF PROVIDER OR SUPPLIER **ANDALUSIA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **360 EAST 65 STREET** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on , 2017. Andalusia ALF, Inc. (AL#10771) with Limited Mental Health component had deficiencies identified at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review and interview the facility failed to honor the resident rights regarding the use of bed rails for 2 out of 5 sampled residents (Resident # 2 and # 5).

Findings included:

During tour of the facility on at 8:25 AM observed Resident # 2 in bed with full side rails up. At 8:27 AM observed Resident # 5 in bed with full side rails up.

A review of Resident # 2's record revealed that the resident was under hospice care and there was a prescription for full bed rails written by her doctor; there was no consent for full bed rail on the resident's record.

On the administrator stated at 12:50 PM that Resident # 2 had no family and that she had contacted two government agencies to appoint a guardian that they keep telling her that one of the other is the one responsible to do the arrangements.

A review of Resident # 5's recprd revealed that the resident was under hospice care and there was a prescription for full side rail written by her doctor on . There was no consent for full bed rails; there was a consent for half bed rail signed on .

On the Administrator stated at 11:55 AM that she did not know that she needed a consent for the full side rail.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on observation, record review and interview, the facility failed to provide proof that staff received a minimum of one hour in-service training within 30 days of hire that covered: Resident behavior and needs and Providing assistance with the activities of daily living reporting major incidents, Reporting adverse incidents, Resident rights in an assisted living facility, Recognizing and reporting resident , neglect, and , , 1-hour-in-service training in safe food handling practices and resident

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elopement response policies and procedures.

Findings included:

Personnel record review revealed that Staff B was hired on . . . . . . There was no documentation of the certificates to prove that the staff received a minimum of 1 hour in-service training within 30 days of employment that covered the required topics.

On at 10:00 AM observed Staff B cooking for the residents and at 11:30 AM observed her serving food to the residents and feeding Resident # 2. During the survey between 8:25 AM and 2 PM observed her taking care of the residents.

On Staff B stated at 11:05 AM that she did all her trainings and she thought that she had made copies of all her certificates. She further stated that she had all of the training certificates at home.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and interview the facility failed to provide documentation that 1 out of 5 sampled staff designated by the administrator as responsible for the facility ' s food service and the day-to-day supervision of food service received a minimum of 2 hours continuing education annually in topics pertinent to nutrition and food service in an assisted living facility (Staff B).

Findings included:

On at 10:00 AM observed staff B cooking for the residents and at 11:30 and observed the staff serving food to the residents and feeding Resident # 2. During the survey between 8:25 AM and 2 PM observed her taking care of the residents.

Review of Staff B's record revealed that there was no documentation of 2 hours of continuing education in topics pertinent to nutrition and food service in an assisted living facility.

On . . . Staff B stated at 11:05 AM that she did all her trainings and she thought that she had made copies of all her certificates. She further stated that she has all of her certificates at home.

Class III

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0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to provide documentation that one out of 5 sampled staff completed at least one hour of training in the facility ' s policy and procedures regarding ( ) within 30 days after employment for (Staff B).

Findings included:

A review of Staff B's personnel record revealed that she was hired on . There and that there was no documentation that she receive a minimum of 1 hour in-service training within 30 days of employment in the facility ' s policy and procedures regarding .

On Staff B stated at 11:05 AM that she did all her trainings and she thought that she had made copies of all her certificates, and that she had all her certificates at home.

Class III

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

Based on record review and interview, the facility failed to have a surety bond with the minimum bond proceeds that equal twice the value of the residents' monthly aggregate income for one out of 5 sampled residents (Resident # 2).

Findings Include:

Review of Resident # 2's contract revealed that the resident paid $735.00 monthly.

The Administrator stated on at 9:18 AM that she was not the payee for any resident; however Resident # 2 had no family and the Administrator stated at 1:05 PM that she received the resident's check for $735.00 directly.

Class III

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

Based on record review and interview the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for 1 out of 5 sampled residents. The resident's daughter had signed the contract with the facility (Resident # 5). The facility also failed to have a new face to face medical examination completed after a significant

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change for 2 out of 5 sampled residents (Residents # 2 and # 5).

Findings included:

1)
A review of Resident # 5's record revealed that her contract had been signed by her daughter. There was no document appointing the daughter as the resident's representative.

The Administrator stated on at 12:10 PM that the resident's daughter had told her the reason why she had not brought the power of attorney, but the Administrator could not remember what that was.

On Resident # 5's daughter was at the facility and stated on interview at 11:25 AM that she was the resident's power of attorney. No documentation was provided.

2)

A review of Resident # 2's record revealed that the resident was receiving hospice services since . The last health assessment was completed on and stated that the resident required assistance with all her activities of daily living (ADL), and assistance with self-administration of medications.

The Administrator stated on at 12:50 PM that Resident # 2 required total assistance with her ADL. She further stated that medication administration was being done by nurses from hospice.

On at 11:30 AM observed Resident # 2 being fed by caregiver B.

A review of Resident # 5's record revealed that the resident was receiving hospice services since . The last health assessment was completed on and did not reflect that the resident was under hospice services, the nursing/treatment/ , , services section was blank, stated that the resident was on regular diet and required assistance with her ADL.

On at 11:57 AM the Administrator stated that Resident #5 required total assistance with ADL and medication-administration that was being done by nurses from hospice.

On at 11:30 AM observed Resident # 2 being fed by caregiver C.

Class III

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0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to ensure that the emergency plan was reviewed and approved annually.

Findings included:

A review of the bulletin board where the facility's other regulatory documents were posted revealed that the emergency plan approval letter was not posted.

The Administrator stated on at 8:56 AM that she had sent the emergency plan for approval before Hurricane Irma and they have not received the approval letter yet. No confirmation of the plan's submission was provided.

Class III