

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910896	(X3) DATE SURVEY COMPLETED R 12/11/2017
NAME OF PROVIDER OR SUPPLIER ADAM F/F INC	STREET ADDRESS, CITY, STATE, ZIP CODE 34 W 14TH STREET HIALEAH, FL 33010	

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

0000 - Initial Comments

A Standard Revisit Survey was conducted on 12, 2017. Adam F/F Inc. (License # 5853) with Limited Mental Health component had deficiencies identified at the time of the survey:

D162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to have a signed consent for unlicensed staff assisting with self-administration of medication for one of ten sampled residents (#1) .

Findings included:

Record review revealed that Resident #1's consent for unlicensed staff to assist with self-administration of medication was not in the file.

Interviewed on at 11:00 am, Staff A stated that Resident #1 was receiving assistance with his self-administration of medication by facility's staff daily.

Interviewed on at 11:00 am Staff A confirmed that Resident #1 did not have a signed medication consent because the facility was waiting for the Legal Guardian, who is on vacation right now. "

Uncorrected
Class III

D167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to have executed contracts between the facility and one of ten residents sampled (#1) .

Findings included:

Record review revealed that the facility admitted Resident #1 on . There was no documentation of an executed contract with Resident #1.

Interviewed on at 11:00 am Staff A stated, " I called several times to the Legal Guardian, and he did not respond." Staff A stated, "The Legal Guardian is on vacation, now."

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