STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966581	**01/09/2018**
NAME OF PROVIDER OR SUPPLIER **CARY'S ADULT CARE 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **15765 SW 76 TERRACE** **MIAMI, FL 33193**	

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

0000 - Initial Comments

A Standard Biennial Survey conducted on , 2018 at Cary's Adult Care 2 with Limited Mental Health specialty license (#10796) had the following deficiencies identified at time of survey:

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, record review, and interview, the facility failed to provide or offer social, recreational or educational, and other activities for all residents. The facility failed to have a posted calendar.

Findings included:

A review of the facility's bulletin board revealed they did not have an activities calendar posted.

On at 10:21 AM Resident #1 stated, "We do not do any activities."

On at 10:34 AM Resident #3 stated, "We do not do any activities."

On at 11:07 AM Resident #4 stated, "We do not have any activities here, we mostly sleep or watch television."

On at 1:20 PM Resident #6 stated, "We do not do activities, I watch TV in my ."

On at 1:30 PM the Administrator stated "I will have all these deficiencies corrected, the problem is that I work and I took over after my mother , and it has been hard. My wife is in the process of quitting her job to come and work for the ALF."

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview, the facility failed to complete two elopement drills per year.

Findings included:

Review of facility's record revealed that facility had no recorded elopement drills in the file.

On at 1:30 PM administrator stated "I will have all these deficiencies corrected, the problem

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is that I work and I took over after my mother , and it has been hard. My wife is in the process of quitting her job to come and work for the ALF."

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to keep centrally stored medication locked at all times.

Findings included:

at 9:28 AM Observed Staff B leave the keys in medication cabinet. The medication cabinet was not closed correctly.

On at 9:30 AM Staff B stated, "I always leave the keys there because I need to open the door again when I get the medication for the other residents."

Class III

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

Based on interview, observation, and record review, the facility failed to have an Administrator manage the day to day operations of the facility to ensure residents have access to adequate and appropriate care, placing the 6 residents of the facility at risk.

Findings included:

1. On at 8:16 AM arrived to the facility observed Staff B alone in the facility caring for a census of six (6) residents. On at 8:17 AM observed there was a strong odor in the facility. Observed yellow stains on the floor under the couch. On at 8:18 AM observed a large brown stain on the ceiling. On at 8:19 AM Staff B stated, "It was the water that was getting through the ceiling after hurricane Irma." On at 8:30 AM observed in the backyard debris, observed there was piles of wood in the backyard.

A review of the facility's fire inspection dated revealed the facility had uncorrected violations for failing to conduct fire drills, provide resident evacuation capability forms and failed to provide approved emergency plan. The facility failed to provided a satisfactory annual fire inspection.

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On at 9:00 AM observed Staff B assist with self-administered medication for Resident #1, the staff did not wash her hands or put gloves on. From packet she placed medication in a small plastic cup. The staff was going to place medication in resident's mouth, the resident took the medication from her, grabbed it and took the medication. The staff signed the medication book.

On at 1:26 PM Staff B stated, "I tried to help to put the medication in his mouth because he drops the medications sometimes."

A review of Staff A's employee file showed the last First Aid and training expired on . A review of Staff B's employee file showed the last First Aid and training expired on . A review of Staff A's employee file showed the last training in assisting residents with self-administration of medication was received on . A review of Staff B's employee file showed the last training in assisting residents with self-administration of medication was received on .

A review of the facility staffing schedule did not document the month & year of the schedule, for Tuesday Staff A was scheduled from 11:00 AM- 6:00 PM, and Staff B was scheduled from 7:00 PM -7:00 AM.

On at 12:36 PM the Administrator stated, he is a public school teacher and he was not able to leave his job.

On at 12:55 PM the Administrator arrived to the facility and stated, "I have my First Aid and valid because I work for the school board. I will have Staff B renew her training this week."

On at 1:30 PM the Administrator stated, "I will have all these deficiencies corrected, the problem is that I work and I took over after my mother who , and it has been hard. My wife is in the process of quitting her job to come and work for the ALF."

2. Record review showed the menu from 2016 to 2017 was posted at the facility, documented breakfast as juices, dry or cooked cereal, one slice of bread with margarine and milk for Tuesday. Lunch to be served to the residents as soup of the day, sandwich ham and cheese with two slices of bread with tomatoes and pudding.

On at 8:45 AM, observed Staff B preparing lunch and not following a safe and sanitary manner. Staff B had two pieces of semi-frozen raw chicken inside one of the kitchen sink compartments and that have not been properly washed and sanitized. Observed Staff B, placed the raw chicken on a plate. According to Staff B, "It is Ok, the chicken is still frozen".

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On at 9:00 AM observed breakfast served to Residents #1 and #6, Café con Leche, two toasted slices of bread with margarine.

Phone interview on at 9:30 AM the Administrator revealed the menu could be fax. According to Staff B, the facility was following the 2016-2017 menu for the month of until the current menu was available.

On at 12:55 PM, observed Staff B touching with bare hands the cooked chicken that was going to be served with the soup. On at 12:55 PM lunch observations revealed, Staff B served Residents #1 and #3 chicken soup, two slices of bread with two slices of ham and one slice of cheese, drinks were not given to the residents. Fruit juice was served after residents were finished with their lunch.

According to Staff B on after 1:00 PM, "I forgot to give them something to drink".

On at 12:30 PM, observed the three day food supply was not sufficient for a census of 6 residents. Staff #B stated, "Administrator has been informed."

3. A review of Resident #3's file showed the resident was admitted on . The facility did not have a completed health assessment with Resident #3's medical history.

On at 11:28 AM Staff B stated, "I do not know where Resident #3's health assessment is the doctor has to bring that. I am not sure if the doctor ever completed."

A review of Resident #6 admitted on file showed, the facility did not have a completed health assessment with Resident #6's medical history.

On at 10:00 AM according to the Administrator, "All those forms will be reviewed and completed as soon as possible."

The following forms for Resident #2 were not completed: Picture Authorization, Acknowledgement statement, Resident agreement, Notice of claim against the refund, Beneficiary designation, Emergency evacuation-Transportation policy, Smoking policy and procedures, The resident and/or responsible party agreement, Elopement policy & resident evaluation, , agreement for assisted living facility and mental health providers and Mental health resident's annual community support plan. Also for Resident #6's name, address and phone numbers of health care provider, case management and emergency family contact information were not located inside resident records. When requested, Staff

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B provided a piece of paper with the information.

Record review of Resident #1's file showed that resident #1 was admitted on and the resident's contract dated was not signed.

A review of Resident #1's health assessment dated showed the resident required total care with activities of daily living.

On at 11:11 AM observed Resident #1 ambulate without assistance.

Record review of Resident #1's file showed there were no recorded weights in the resident's file.

Record review of Resident #3's file showed that Resident #3 was admitted on and the resident's contract dated was not signed.

Class II

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to provide documentation of a negative examination required on an annual basis for two out of two sampled staff (Staff A and B).

Findings included:

A review of Staff A's employee file showed the last negative examination was completed on .

A review of Staff B's employee file showed the last examination was completed on .

On at 1:30 PM administrator stated "I will have all these deficiencies corrected, the problem is that I work and I took over after my mother , , and it has been hard. My wife is in the process of quitting her job to come and work for the ALF."

Class III

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

Based on record review and interview, the facility failed to provide documentation of an Emergency

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Management Plan submitted and approved by the local agency.

Findings included:

A review of the facility's bulletin board observed there was no emergency plan available for review.

On at 1:30 PM administrator stated "I will have all these deficiencies corrected, the problem is that I work and I took over after my mother , , and it has been hard. My wife is in the process of quitting her job to come and work for the ALF."

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview, the facility failed to have a completed community living support plan and agreement for one out of six sampled residents (Resident #3).

Findings included:

Phone interview on at 10:00 AM the Administrator revealed Resident #3 received , , ( ).

A review of Resident #3's health assessment dated showed the following medical history and diagnoses: , , , unspecified , , , and , .

A review of Resident #3's file revealed the facility did not have a completed , agreement & annual community living support plan on file.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure two out of two sampled staff completed the limited mental health training a minimum of 3 hours of continuing education (Staff A and B).

Findings included:

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A review of the facility license revealed they held a limited mental health component.

A review of Staff A's employee file showed the last mental health continuing education was completed on .

A review of Staff B's employee file showed the last mental health continuing education was completed on .

On at 1:30 PM the administrator stated, "I will have all these deficiencies corrected, the problem is that I work and I took over after my mother , , and it has been hard. My wife is in the process of quitting her job to come and work for the ALF."

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain the employment status of all employees within the clearinghouse and any changes in status reported within 10 business days.

Findings included:

A review of the background screening database listed Staff C and D on the facility roster.

Phone interview on at 9:20 AM the Administrator revealed Staff B was the only staff available, his Mother Staff C had , in , /2017, and Staff D no longer worked at the facility.

Unclassified