STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969108	R **01/16/2018**
NAME OF PROVIDER OR SUPPLIER **AN EXCELLENT CARE ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **16251 SW 248TH ST** **HOMESTEAD, FL 33031**	

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

0000 - Initial Comments

A complaint (CCR#2017011213) revisit survey was conducted on , 2018. An Excellent Care Alf Llc with license #12933 had the following deficiency identified at the time of the survey:

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 Assisted Living Facility failed to submit the incident report within one business day after the incident and within 15 days of the incident to AHCA when resident condition required them to be transported to a unit providing more acute care due to the incident, rather than the resident's condition before the incident for one (#6) out of seven sampled residents.

Findings included:

A Review of Resident #6's hospital record showed that on rescue arrived to ALF, the Resident's sugar level was 20 mg/dl (really low). They administered glucose and and glucose level went up to 40 mg/dl. Second dose of was given and glucose level went up to 60 mg/dl. Resident #6 arrived to emergency department at 1:22 PM and revealed that did not eat breakfast that morning. Resident #6 remained hospitalized until .

Review of facility's record showed that there was no proof that facility completed the adverse incident report.

In an interview on at 10:56 AM Administrator revealed that facility had not complete the adverse incident report.

Class III