STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967322	R 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HANDS ASSISTED LIVING, INC	**12735 NORTH MIAMI AVENUE MIAMI, FL 33168**

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

0000 - Initial Comments

A complaint (CCR #2017011062) revisit survey was conducted on , 2018 . Caring Hands Assisted Living (license #11406) had the following deficiencies identified at the time of the survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to provide written information of significant changes that ended with the use of a for one of three residents sampled (Resident #5).

Findings included:

Observation on at 10:00 am revealed Resident #5 sit on a recliner, having a .

Record review revealed that Resident #5's progress notes and/or Observation log did not reflect information on the use of . The progress notes and/or observation log had no information for care and/or assessment.

On at 11:52 am Staff C and H stated, "Resident #5 had that for a week, and, this week he has a neurologist visit with his son, and he will keep it for four weeks more. The son has the doctor information; we have no documentation in here."

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review and interview the facility failed to have the personnel file for two of five sampled staff (H). Facility failed to have the employee application information for one of five sampled staff (H)

Findings included:

Observation on at 9:57 am revealed Staff H working in the facility.

Record review revealed that Staff H was missing an employee application.

Interview on at 11:26 am Staff C stated, "Staff F is no longer working here; her last day was .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967322	R 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HANDS ASSISTED LIVING, INC	**12735 NORTH MIAMI AVENUE MIAMI, FL 33168**

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

Then, Staff H starts to work." Staff H confirmed that Staff H did not have an employee application in her file. Staff H stated, "I forgot to add it in Staff H's file."

Uncorrected
Class III

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

Based on observation, record review and interview the facility failed to complete the demographic information for one of three residents sampled (Resident #3).

Findings included:

Observation on at 10:10 am revealed that Resident #3 lived in #.

Record review revealed that the emergency contact for Resident #3 was missing from her demographic page.

On at 10:10 am Staff C stated, "There is a person in charge to fill this form; I do not know why it is empty."

Uncorrected
Class III

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

Based on observation, record review and interview the facility failed to report an initial adverse incident report within one business day after the incident and full adverse incident report within 15 days of the incident for resident sampled (Resident #5). The resident was transferred from the facility to a unit providing more acute care for an event that was not a part of the resident's condition, which resulted in a or of bones or joints.

Findings included:

On at 10:00 am observed Resident #5 sitting on a recliner with a at his right arm.

Record review on revealed that the facility did not have an incident report regarding the incident.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967322	R 02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HANDS ASSISTED LIVING, INC	**12735 NORTH MIAMI AVENUE MIAMI, FL 33168**

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

On at 10:37 am Staff C stated, "Resident #5 slipped and tried to grab but stuck to the edge of his bed and had a on his arm in his ."

Record review revealed that documentation from the Rehabilitation hospital stated that Resident #5 had a .

Record review revealed that Resident #5 had a health assessment (dated) from the hospital stating "Primary : Mechanical with right ." It also stated, "Discharge home as per sons request on ; ALF will arrange home health services. Home health services to include RN evaluation/treatment, medication management, /OT evaluation/ treatment three times a week for four times a week."

Interview on at 10:41 am Staff C stated that Resident #5 went to the Hospital. In addition, Staff C stated, "He went to rehab."

A review of Resident #5's progress notes (-) and observation log (Blanc) showed no information regarding the resident incident report and/or . The facility, facility did not report to AHCA.

Interview on at 11:56 am Resident #5 stated, "I have a ., I do not remember well, but I am doing okay. I went to the hospital and I am receiving good care."

Class III