STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966227	**03/09/2018**
NAME OF PROVIDER OR SUPPLIER **MOTHER'S YEARS INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5454 SW 145 AVENUE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on . Mother's Years Inc, License #10461, had the following deficiencies identified at time of the survey. The facility's owner decided to surrender the license after the survey was completed.

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

Based on observations, record reviews, and interviews, the Administrator failed to maintain the general oversight of the daily operation of the Assisted Living Facility, which had a census of four. The Administrator also failed to ensure qualified staff were providing adequate care and services for the four sampled residents (#1, 2, #3, # 4). The facility administrator failed have complete records for four out of four sampled staff (A, B, C, and D). The Administrator also failed to ensure that Staff D had an eligible level 2 background screening, First Aid and , , ( ) training prior to being left alone to care for residents.

Findings included:

1) On at 8:45 AM, observed a female staff member in the facility alone caring for a census of four residents. The Staff member identified herself as Staff C. Further observations found the medications cabinet located in the dining unlocked.

On at 10:25 AM, reviewed the background screening database and found the picture of Staff C was different from the staff member present at the facility with the residents. The staff member stated, "I do not have identification" after photographic identification was requested. The staff member was asked to write down the name of Staff C and her date of birth. At 10:27 AM on , the staff member revealed she was Staff D and stated, "I'm working for this owner for 13 years and I do not have my legal papers to work. I do everything for the residents, food preparation and assistance with self-administration of medications. I live in this house with them."

Record review revealed, the facility did not have a personnel record for Staff D which included the level 2 background screening, First Aid and , , ( ) training. Staff D also did not have in-service training documentation such as control, (Human- deficiency) training, emergency preparedness and evacuation training, incident report training, resident rights training, recognizing/ reporting , neglect and , training, self-administration of medication (4 hours) training in assisted living facility (ALF), elopement training, and ( ) training. Staff D did not have food service training annually, no documentation of a freedom

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from communicable statement from a health care provider, no employment application, no medication training documents and other required training documentation.

On at 9:18 AM Resident #1 stated, "Staff D is the person that assist me with my medications, she does everything for us."

On at 12:56 PM Resident #3 stated, "Staff D lives here with us."

On at 12:43 PM the Owner stated, "Staff D does not work here, she helped me here because she is like a family."

Observed on at 11:17 AM, Staff B (owner/caregiver) arrived to the facility.

The facility staffing scheduled posted for the month of , the week of to showed Staff B was scheduled to work from 7:00 AM to 7:00 PM. Staff A, the Administrator, was scheduled to work from 7:00 PM to 7:00 AM and Staff C was scheduled to work from 8:00 AM to 5:00 PM. Staff D's name was not listed on the schedule to work.

During the survey on from 8:45 AM to 3:15 PM, the Administrator was not present or available by telephone.

The Administrator's personnel record was reviewed and it did not have documentation of her high school diploma. Further personnel review revealed, Staff B and Staff C did not have documentation of freedom from communicable including . Staff C also did not have the two hours of medication training annually, the last training was dated .

2) Record review found Resident #1's health assessment on file was not dated by a physician and had the following diagnoses: Incarcerated , , , ( ), ( ), , ( ), legally and . The resident had and special precautions. The resident needed assistance with all the activities of daily living (ADLs). The health assessment did not show what type of assistance the resident needed with medications.

Resident #2's health assessment dated showed the following diagnoses: , , ( ), , and . The resident had and universal precautions. The resident needed assistance with ADLs.

Resident #3's health assessment dated showed the following diagnoses: , and

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. . . . . The resident's . . or behavioral status was mental . . . . The resident needed supervision with self-care and needed assistance with self-administration of medications.

Resident #4's health assessment dated . . . . . showed the following diagnoses: acute diastolic failure. The resident needed supervision with some of the ADLs, transferring was not marked. The resident needed assistance with self-administration of medications.

The facility's records showed their liability insurance expired on . . . . . , the last sanitation inspection available for review was dated , and the emergency management plan expired on . . . . . .

Class II

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Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, interview, and record review, the facility failed to ensure that one out of four sampled staff had an eligible level II background screening prior to providing care to residents (Staff D).

Findings included:

On at 8:45 AM, observed a female staff member in the facility alone caring for a census of four residents. Staff member identified herself as Staff C.

On at 10:25 AM, reviewed the background screening database and found the picture of Staff C was different from the staff member present at the facility with the residents. The staff member stated, "I do not have identification" after photographic identification was requested. The staff member was asked to write down the name of Staff C and her date of birth. At 10:27 AM on , the staff member revealed she was Staff D and stated, "I'm working for this owner for 13 years and I do not have my legal paper to work. I do everything for the residents, food preparation and assistance with self-administration of medications. I live in this house with them."

Record review revealed the facility did not have a personnel record for Staff D.

On at 9:18 AM Resident #1 stated, "Staff D is the person that assist me with my medications, she does everything for us."

On at 12:56 PM Resident #3 stated, "Staff D lives here with us."

On at 12:43 PM the Owner stated, "Staff D does not work here, she helped me here because she is like a family."

Unclassified